

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **M62947** (0)

1. Corporation Name

**NETWORKS-U.S.A. VIII, INCORPORATED**

95 APR 27 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 610096  
NORTH MIAMI FL 33261-7096

Mailing Address

P.O. BOX 610096  
NORTH MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/24/1987**  
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business  
21 **800 Brickell Ave.**  
2a. Mailing Address  
26 **800 Brickell Ave.**

Suite, Apt. #, etc.  
22 **605**  
27 **605**

City & State  
23 **Miami, Florida**  
28 **Miami, Florida**

Zip Country  
24 **33131 USA**  
25 **USA**  
29 **33131 USA**  
30 **USA**

4. FEI Number: **65-0017824**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**FELDMAN, JEROME  
11900 BISCAYNE BLVD  
PENTHOUSE 800  
NO MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **800 Brickell Ave.**  
83 Suite **605**  
84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP**  
NAME: **FELDMAN, JEROME**  
STREET ADDRESS: **11900 BISCAYNE BLVD #800**  
CITY - ST - ZIP: **NO MIAMI FL**

11 TITLE:  Change  Addition  
12 NAME  
13 STREET ADDRESS: **800 Brickell Ave., Ste. 605**  
14 CITY - ST - ZIP: **Miami, Florida 33131**

TITLE: **T**  
NAME: **FELDMAN, MICHAEL**  
STREET ADDRESS: **11900 BISCAYNE BLVD #800**  
CITY - ST - ZIP: **NO MIAMI FL**

21 TITLE:  Change  Addition  
22 NAME  
23 STREET ADDRESS: **800 Brickell Ave., Ste. 605**  
24 CITY - ST - ZIP: **Miami, Florida 33131**

TITLE: **S**  
NAME: **FELDMAN, JASON**  
STREET ADDRESS: **11900 BISCAYNE BLVD #800**  
CITY - ST - ZIP: **NO MIAMI FL**

31 TITLE:  Change  Addition  
32 NAME  
33 STREET ADDRESS: **800 Brickell Ave., Ste. 605**  
34 CITY - ST - ZIP: **Miami, Florida 33131**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

41 TITLE:  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

51 TITLE:  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

61 TITLE:  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jason Feldman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JASON FELDMAN**

4-21-95 305 5300800  
DATE (Type in Year)