

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90017 001 \*5,408.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **M96539**

1. Corporation Name  
**NETWORKS-U.S.A. XXI, INCORPORATED**



Principal Place of Business: 2005 N.E. 121 RD, N. MIAMI FL 33181, US  
 Mailing Address: PO BOX 610096, N. MIAMI FL 33261-0096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1988**  
 4. FEI Number: **65-0070632** 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  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 **450 West Ave.** Suite, Apt. #, etc.: **PH-14** City & State: **MIAMI BEACH, FL** Zip: **33139** Country: **USA**  
 2a. Mailing Address: 26 **PO BOX 398750** Suite, Apt. #, etc.: **N.O. BOX 398750** City & State: **MIAMI BEACH, FL** Zip: **33239** Country: **USA**

9. Name and Address of Current Registered Agent

**JEROME FELDMAN**  
 2005 N.E. 121 RD  
 N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): **650 WEST AVE PH 14**  
 83  
 84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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 of 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]* **JEROME FELDMAN** DATE: **4/20/99**

OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>650 WEST AVE</b>	
1.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>	
1.4 CITY-ST-ZIP	<b>PH-14 33139</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>650 WEST AVE</b>	
2.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>	
2.4 CITY-ST-ZIP	<b>33139</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>650 WEST AVE</b>	
3.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>	
3.4 CITY-ST-ZIP	<b>33139</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **JEROME FELDMAN** DATE: **4/20/99** DAYTIME PHONE #: **305 895.7000**

CR2E034 (11/98)