

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

0277980

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **M96542**

1. Corporation Name  
**NETWORKS-U.S.A. XXII, 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  
**65-0071286**

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 **650 West Ave.**  
 Suite, Apt. #, etc.  
 22 **PH-14**  
 City & State  
 23 **MIAMI BEACH, FL**  
 Zip Country  
 24 **33139** 25 **USA**

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27 **P.O. BOX 398750**  
 City & State  
 28 **MIAMI BEACH, FL**  
 Zip Country  
 29 **33239** 30 **USA**

9. Name and Address of Current Registered Agent  
**FELDMAN, JEROME**  
 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 **MIAMI BEACH** FL 85 **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 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]* **JEROME FELDMAN** DATE **4/20/99**

12. OFFICERS AND DIRECTORS

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

13. 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 PH-14</b>
1.4 CITY-ST-ZIP	<b>33139</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>650 West Ave</b>
2.3 STREET ADDRESS	<b>MIAMI BEACH, FL PH-14</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 PH-14</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 as 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)