

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M96543** (7)

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



Principal Place of Business: **800 BRICKELL AVE, 605 MIAMI FL 33131, US**  
 Mailing Address: **800 BRICKELL AVE, 605 MIAMI FL 33131, US**

2. Principal Place of Business: **21 2005 N.E. 121 Rd.**  
 Suite, Apt #, etc.:  
**22 N. Miami, FL**  
 City & State: **23 N. Miami, FL**  
 Zip: **24 33181** Country: **25**  
 2a. Mailing Address: **26 P.O. Box 610096**  
 Suite, Apt #, etc.:  
**27 N. Miami, FL**  
 City & State: **28 N. Miami, FL**  
 Zip: **29 33261-0096** Country: **30**

3. Date Incorporated or Qualified: **08/26/1988** 3a. Date of Last Report: **04/27/1995**  
 4. FEI Number: **65-0071291** 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 has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**FELDMAN, JEROME**  
**800 BRICKELL AVE**  
**SUITE 605**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
**81 Name: Jerome Feldman**  
**82 Street Address (P.O. Box Number is Not Acceptable): 2005 N.E. 121 Rd.**  
**83**  
**84 City: N. Miami FL 85 Zip Code: 33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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]* Date: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FEDMAN, JASON	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY - ST - ZIP	MIAMI FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2005 NE 121 RD</b>
2.4 CITY - ST - ZIP	<b>N. MIAMI FL 33181</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

**300001847203**  
**-06/03/96--01021--020**  
**\*\*\*200.00**

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 119.07(3)(k), 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: *[Signature]* Date: **4/30/96** (205) 895-7000

CR2E034 (12/95)