

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **M96544** (5)

1. Corporation Name

NETWORKS-U.S.A. XXIV, INCORPORATED

Principal Place of Business

Mailing Address

% JEROME FELDMAN
P.O. BOX 610096
NORTH MIAMI FL 33261-7096

% JEROME FELDMAN
P.O. BOX 610096
NORTH MIAMI FL 33261-7096

3. Date Incorporated or Qualified **08/26/1988** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0071289** 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. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **800 Brickell Ave.** 26 **800 Brickell Ave.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 605** 27 **Suite 605**
City & State City & State
23 **Miami, Florida** 28 **Miami, Florida**
ZIP **33131** Country **USA** ZIP **33131** Country **USA**
24 25 29 30

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
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
800 Brickell Avenue
03 **Suite 605**
04 City **Miami** 05 Zip Code **FL 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 registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	FELDMAN, JEROME
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY - ST - ZIP	NO MIAMI FL
TITLE	T
NAME	FELDMAN, MICHAEL
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY - ST - ZIP	NO MIAMI FL
TITLE	S
NAME	FELDMAN, JASON
STREET ADDRESS	11900 BISCAYNE BLVD #800
CITY - ST - ZIP	NO MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE #	
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	800 Brickell Ave., Ste. 605
1 4 CITY - ST - ZIP	Miami, Florida 33131
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	800 Brickell Ave., Ste. 605
2 4 CITY - ST - ZIP	Miami, Florida 33131
3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	800 Brickell Ave., Ste. 605
3 4 CITY - ST - ZIP	Miami, Florida 33131
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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 Jason Feldman 4/21/95 305 530 0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Daytime Phone #)