FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M96544** **(5)**

1. Corporation Name

NETWORKS-U.S.A. XXIV, INCORPORATED

Principal Place of Business
800 BRICKELL AVE
605
MIAMI FL 33131
US

Mailing Address
800 BRICKELL AVE
605
MIAMI FL 33131
US

3. Date Incorporated or Qualified: 08/26/1988
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 2005 N.E. 121 Rd.
Suite, Apt #, etc
22
City & State
23 N. Miami, FL
Zip 24 33181
Country 25

2a. Mailing Address
26 P.O. Box 610096
Suite, Apt. #, etc.
27
City & State
28 N. Miami, FL
Zip 29 33261-0096
Country 30

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. 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 607.0505 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 of a member of the governing board or other appropriate officer — NOTE: Registered Agent signature required when name is changed. DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2005 NE 121 RD	
2.4 CITY-ST-ZIP	N.MIAMI FL 33181	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	200001847282	☐ Change ☐ Addition
6.2 NAME	-06/03/96--01021--019	
6.3 STREET ADDRESS	***200.00	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/30/96 — Daytime Phone #: (305) 895-7000

CR2E034 (12/95)