

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

0277982

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **M96544**

1. Corporation Name  
**NETWORKS-U.S.A. XXIV, 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified					
21 <b>650 WEST AVE</b>		26		<b>08/26/1988</b>					
22 <b>RA-14</b>		27 <b>P.O. BOX 398750</b>		4. FEI Number					
23 <b>MIAMI BEACH, FL</b>		28 <b>MIAMI BEACH, FL</b>		<b>65-0071289</b>					
24 <b>33139</b>		29 <b>33239</b>		Applied For					
25 <b>USA</b>		30 <b>USA</b>		Not Applicable					
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>					
<b>FELDMAN, JEROME</b> 2005 N.E. 121 RD N. MIAMI FL 33181				\$8.75 Additional Fee Required					
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent					
81 Name									
82 Street Address (P.O. Box Number is Not Acceptable)		<b>650 WEST AVE P.H. 14</b>							
83									
84 City		85 State		86 Zip					
<b>MIAMI BEACH</b>		<b>FL</b>		<b>33139</b>					

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 *Jerome Feldman* **JEROME FELDMAN** DATE **4/20/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, JEROME</b>	1.2 NAME	<b>650 WEST AVE RA-14</b>
STREET ADDRESS	<b>2005 N.E. 121 RD</b>	1.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	1.4 CITY-ST-ZIP	<b>33139</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, MICHAEL</b>	2.2 NAME	<b>650 WEST AVE RA-14</b>
STREET ADDRESS	<b>2005 N.E. 121 RD</b>	2.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	2.4 CITY-ST-ZIP	<b>33139</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDMAN, JASON</b>	3.2 NAME	<b>650 WEST AVE RA-14</b>
STREET ADDRESS	<b>2005 N.E. 121 RD</b>	3.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	3.4 CITY-ST-ZIP	<b>33139</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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 *Jerome Feldman* **JEROME FELDMAN** DATE **4/20/99** PHONE **305/895 7000**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (11/98)