

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
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 # **M96545 (2)**

1. Corporation Name
NETWORKS-U.S.A XXV, 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
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 800 Brickell Ave.	26 800 Brickell Ave.	65-0071287	<input type="checkbox"/> Not Applicable
22 Suite 605	27 Suite 605	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Miami, Florida	28 Miami, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33131	25 USA	29 33131	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FELDMAN, JEROME 11900 BISCAYNE BLVD PENTHOUSE 800 NO MIAMI FL 33181		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	800 Brickell Avenue Suite 605
		83 City	Miami
		84 State	FL
		85 Zip Code	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JEROME	12 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	13 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	NO MIAMI FL	14 CITY - ST - ZIP	Miami, Florida 33131
TITLE	T	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, MICHAEL	22 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	23 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	NO MIAMI FL	24 CITY - ST - ZIP	Miami, Florida 33131
TITLE	S	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, JASON	32 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	33 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY - ST - ZIP	NO MIAMI FL	34 CITY - ST - ZIP	Miami, Florida 33131
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(b)(4), 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 the 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