

**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 # **M96545 (2)**  
1. Corporation Name  
**NETWORKS-U.S.A XXV, INCORPORATED**



Principal Place of Business <b>800 BRICKELL AVE 605 MIAMI FL 33131 US</b>		Mailing Address <b>800 BRICKELL AVE 605 MIAMI FL 33131 US</b>		3. Date Incorporated or Qualified <b>08/26/1988</b>	3a. Date of Last Report <b>04/27/1995</b>
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2. Principal Place of Business 21 <b>2005 N.E. 121 Rd.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>P.O. Box 610096</b> Suite, Apt. #, etc. 27	4. FEI Number <b>65-0071287</b>	Applied For Not Applicable
City & State 23 <b>N. MIAMI, FL</b>	City & State 28 <b>N. MIAMI, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>33181</b>	Zip 29 <b>33261-0096</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country 25	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FELDMAN, JEROME 800 BRICKELL AVE SUITE 605 MIAMI FL 33131</b>		81 Name <b>JEROME FELDMAN</b>
		82 Street Address (P.O. Box Number is Not Acceptable) <b>2005 N.E. 121 Rd.</b>
		83
		84 City <b>N. MIAMI</b> FL 85 Zip Code <b>33181</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 607.0508, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date **4/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FELDMAN, JEROME 800 BRICKELL AVE ,STE 605 MIAMI FL</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FELDMAN, MICHAEL 800 BRICKELL AVE ,STE 605 MIAMI FL</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FELDMAN, JASON 800 BRICKELL AVE ,STE 605 MIAMI FL</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**2005 N.E. 121 RD.  
N. MIAMI, FL 33181**

**600001848756  
-06/03/96--01074--025  
\*\*\*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)(c), 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ Date **4/30/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**(305) 895-7000  
CS 5/11/96**

CR2E034 (12/95)