## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # H13118** 1. Entity Name NETWORKS HOLDINGS, INCORPORATED 04-30-2001 90162 001 \*5,267.50 Mailing Address Principal Place of Business P.O. BOX 398750 650 WEST AVE PH-14 V0828 MIAMI BEACH FL 33129 MIAMI BEACH FL 33239 3. Mailing Address 2. Principal Place of Business Suit NOTE! NEW ADDRESS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3537 EMERALD OAKS DRIVE PO BOX 816999 Applied For 4. FEI Number City & HOULYWOOD, FL 33021 HOLL PWOOD, FL 33081-6999 59-2622108 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name<sup>1</sup> FELDMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVE PH14 MAIMI BEACH FL 33139 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIDECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE PD NAME NAME FELDMAN, JEROME 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE PH-14 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition TITLE Delete TITLE NAME NAME FELDMAN, MICHAEL 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE PH-14 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIF MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FELDMAN, JASON 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE PH14 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33739 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 report or supplemental report is the 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 floreiver of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or/on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2001 9.

9549810500

Daytime Phone #