

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K21184

1. Corporation Name

NETWORKS-U.S.A. XI, INCORPORATED

Principal Place of Business

2005 NE 121 RD.
N. MIAMI FL 33181
US

Mailing Address

PO BOX 6110096
N MIAMI FL 33261-0096

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90017 001 *5,408.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1988

4. FEI Number

65-0049433

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 650 WEST AVENUE

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 P.O. BOX 398750

23 City & State

28 City & State

24 MIAMI, FL

29 MIAMI BEACH, FL

25 Zip

29 Zip

26 Country

30 Country

27 33139

31 33239

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, JEROME
2005 NE 121 RD.
N. MIAMI FL 33181

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 650 WEST AVE PH 14

84 City

85 Zip Code

MIAMI BEACH FL

33139

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

4/20/99

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
NAME FELDMAN, JEROME
STREET ADDRESS 2005 NE 121 RD.
CITY-ST-ZIP N. MIAMI FL 33181

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
650 WEST AVE. PH-14
MIAMI, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)