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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90017 001 *5,408.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K21188**

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

3. Date Incorporated or Qualified

04/18/1988

4. FEI Number
65-0049790

Applied For
 Not Applicable

2. Principal Place of Business

21 **650 West Ave.**

2a. Mailing Address

26 **P.O. Box 398750**

Suite/Apt. #, etc.

22 **PH-14**

Suite/Apt. #, etc.

27 **MIAMI BEACH, FL**

City & State

23 **MIAMI BEACH, FL**

City & State

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **USA**

Zip

29 **33139**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
650 West Ave PH 14
 83
 84 City **MIAMI BEACH FL** 85 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0602 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)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	2005 N.E. 121 RD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	650 West Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIAMI BEACH, FL	
1.3 STREET ADDRESS	PH-14	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	650 West Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIAMI BEACH, FL	
2.3 STREET ADDRESS	PH-14	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	650 West Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIAMI BEACH, FL	
3.3 STREET ADDRESS	PH-14	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 partner 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, with all other like empowered.

SIGNATURE: **JEROME FELDMAN** 4/20/99 305 895.7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)