

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90162 001 \*5,267.50

**DOCUMENT # K21188**  
 1. Entity Name  
**NETWORKS-U.S.A. XV, INCORPORATED**

Principal Place of Business      Mailing Address  
**650 WEST AVE.**      **P.O. BOX 398750**  
**PH-14**      **MIAMI BEACH FL 33139**  
**MIAMI BEACH FL 33139**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3537 EMERALD OAKS DRIVE**      **NOTE: NEW ADDRESS**  
 City & State      **PO BOX 816999**  
**HOLLYWOOD, FL 33021**      **HOLLYWOOD, FL 33081-6999**  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FELDMAN, JEROME**  
**650 WEST AVE. PH14**  
**MIAMI BEACH FL 33139**

4. FEI Number      Applied For  
**65-0049790**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3537 EMERALD OAKS DRIVE**  
 City      **HOLLYWOOD, FL 33021**      **FL**      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:      *Jerome Feldman*      *4/18/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>FELDMAN, JEROME<br>650 WEST AVE - PH14<br>MIAMI BEACH FL 33139<br><input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FELDMAN, MICHAEL<br>650 WEST AVE. - PH14<br>MIAMI BEACH FL 33139<br><input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FELDMAN, JASON<br>650 WEST AVE. PH14<br>MIAMI BEACH FL 33139<br><input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3537 EMERALD OAKS DRIVE</b><br><b>HOLLYWOOD, FL 33021</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3537 EMERALD OAKS DRIVE</b><br><b>HOLLYWOOD, FL 33021</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3537 EMERALD OAKS DRIVE</b><br><b>HOLLYWOOD, FL 33021</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE:      *Jerome Feldman*      *4/18/01*      *954*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #      *981-0508*

CR2E034 (10/00)