FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K30649** **(3)**

1. Corporation Name

NETWORKS-U.S.A. XVII, INCORPORATED

Principal Place of Business	Mailing Address
P.O. BOX 610096 N MIAMI FL 33261-7096	P.O. BOX 610096 N MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1988	3a. Date of Last Report: 04/22/1994

2. Principal Place of Business 21: 800 Brickell Ave. Suite, Apt. #, etc 22: 605 City & State 23: Miami, Florida Zip: 24: 33131 Country: 25: USA	2a. Mailing Address 26: 800 Brickell Ave. Suite, Apt. #, etc. 27: 605 City & State 28: Miami, Florida Zip: 29: 33131 Country: 30: USA

4. FEI Number: 65-0065328 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELDMAN, JEROME 11900 BISCAYNE BLVD PENTHOUSE 800 NO MIAMI FL 33181	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 800 Brickell Ave. 83: 605 84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, JEROME	12 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	13 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY-ST-ZIP	NO MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	T	21 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, MICHAEL	22 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	23 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY-ST-ZIP	NO MIAMI FL	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, JASON	32 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD #800	33 STREET ADDRESS	800 Brickell Ave., Ste. 605
CITY-ST-ZIP	NO MIAMI FL	34 CITY-ST-ZIP	Miami, Florida 33131
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: John Feldman Jason Feldman 4-21-95 305 530 0800
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0000765 CF