FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

NETWORKS-U.S.A. XVII, INCORPORATED

Principal Place of Business	Mailing Address
800 BRICKELL AVE 605 MIAMI FL 33131 US	800 BRICKELL AVE 605 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 08/10/1988
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21: 2005 N.E. 121 Rd.
22: Suite, Apt. #, etc.
23: City & State: N. Miami, FL
24: Zip: 33181
25: Country

2a. Mailing Address
26: P.O. Box 610096
27: Suite, Apt. #, etc.
28: City & State: N. Miami, FL
29: Zip: 33261-0096
30: Country

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

FELDMAN, JEROME
800 BRICKELL AVE
SUITE 605
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Jerome Feldman
82 Street Address (P.O. Box Number is Not Acceptable): 2005 N.E. 121 Rd.
83:
84 City: N. Miami FL 85 Zip Code: 33181

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. Said 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 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, JEROME		1.2 NAME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, MICHAEL		2.2 NAME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605		2.3 STREET ADDRESS	2005 N.E. 121 ROAD
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	N. MIAMI, FL 33181
TITLE	S	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FELDMAN, JASON		3.2 NAME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(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.

SIGNATURE: _____ 4/30/96 305-895-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

5/31/96