

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

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

05-19-1999 90017 001 *5,408.75

DOCUMENT # M42515

1. Corporation Name

NETWORKS-U.S.A. III, INCORPORATED

Principal Place of Business

2005 NE 121 RD.
N. MIAMI FL 33181
US

Mailing Address

PO BOX 610096
N. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1986

4. FEI Number

59-2744038

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

21 650 WEST AVENUE

Suite, Apt. #, etc.

22 PH-14

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 P.O. Box 398750

City & State

28 MIAMI BEACH, FL

Zip

29 33239

Country

30 USA

9. Name and Address of Current Registered Agent

FELDMAN, JEROME
2005 NE 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)

83 650 WEST AVE PH 14

84 City

MIAMI BEACH FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 650 WEST AVE. PH-14

1.3 STREET ADDRESS MIAMI BEACH, FL 33139

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 650 WEST AVENUE PH-14

2.3 STREET ADDRESS MIAMI BEACH, FL 33139

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME 650 WEST AVENUE PH-14

3.3 STREET ADDRESS MIAMI BEACH, FL 33139

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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)

0574506