

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 # M47518

1. Corporation Name

NETWORKS-U.S.A. IV, INCORPORATED



Principal Place of Business

2005 NE 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

03/02/1987

4. FEI Number

59-2794320

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 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 P.O. BOX 398750

City & State

23 MIAMI BEACH, FL

City & State

28 MIAMI BEACH, FL

Zip Country

24 33139 25 USA

Zip Country

29 33239 30 USA

9. Name and Address of Current Registered Agent

FLEDMAN, 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)

JEROME FELDMAN

4/20/99

12. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 650 WEST AVE  
1.2 NAME PH 14  
1.3 STREET ADDRESS MIAMI BEACH, FL  
1.4 CITY-ST-ZIP 33139

2.1 TITLE 650 WEST AVE  
2.2 NAME PH 14  
2.3 STREET ADDRESS MIAMI BEACH, FL  
2.4 CITY-ST-ZIP 33139

3.1 TITLE 650 WEST AVE  
3.2 NAME PH 14  
3.3 STREET ADDRESS MIAMI BEACH, FL  
3.4 CITY-ST-ZIP 33139

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

JEROME FELDMAN

4/20/99

305/851-7000

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