

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 # M62946 (2)

1. Corporation Name

NETWORKS-U.S.A. IX, INCORPORATED



Principal Place of Business

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

Mailing Address

800 BRICKELL AVE  
605  
MIAMI FL 33131  
US

2. Principal Place of Business

2a. Mailing Address

21 2005 N.E. 121 Rd.

26 P.O. Box 610096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 N. MIAMI, FL

28 N. MIAMI, FL

Zip

Country

Zip

Country

24 33181

25

29 33261-0096

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
11/24/1987

3a. Date of Last Report  
04/27/1995

4. FEI Number  
65-0017856

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

10. Name and Address of New Registered Agent

FELDMAN, JEROME  
800 BRICKELL AVE  
SUITE 605  
MIAMI FL 33131

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. 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	FELDMAN, JEROME	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
T	FELDMAN, MICHAEL	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
S	FELDMAN, JASON	800 BRICKELL AVE, STE 605	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	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
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition											
<input type="checkbox"/> Change <input type="checkbox"/> Addition											
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition											

800001838568  
-05/24/96--01047--016  
\*\*\*200.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(305) 895-7080

Daytime Phone #

CR2E034 (12/95)