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 # **M62949** **(6)**

1. Corporation Name

NETWORKS-U.S.A. VII, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1987
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 65-0017854 ☐ 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
11900 BISCAYNE BLVD
PENTHOUSE 800
NO MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 800 Brickell Ave.

83 Suite 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)(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: Jason Feldman Jason Feldman 4-21-95 305 530 0800
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0209753 CP