2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M62949 1. Entity Name

FILED Apr 30, 2001 8:00 am Secretary of State

NETWORKS-U-S-A- VII, INCORPORATED				04-30-2001 90162 001 *5,267.50			
Principal Plac 650 WEST AVE PH-14 MIAMI BEACH US		Mailing Address P.O. BOX 398750 MIAMI BEACH FL 33239	:) (
Principal Place of Business 3. Mailing Address			1				
Suite, Apt. #, etc. 3537 EMERALD OAKS DRIVE City & SHOLLYWOOD, FL 33021		Suite, Apt. #, etc. NOTE: NEW ADD	RESS	DO NOT WRITE IN THIS SPACE			
		CHOLLYWOOD, FL 33	9 081-6999	4. FEI Number 65-0017854	Applied For Not Applicable		
Zip	Country	Zip C	ountry	5. Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered	d Agent	•	
			Name				
FELDMAN, JEROME 650 WEST AVE PH14			Street Address (P.O. Box Number is Not Acceptable)				
	MI BEACH FL 33139		1	deat grade D OAKO DDN/E			
MININI BEACTIFE GOTO			3597 EMERALD OAKS DRIVE City HOLLYWOOD, FL 33021 FL Zip Code				
				HQLLYWOOD, FL 33021 F Istered agent, or both, in the State of Florida.	L Zip ood	-	
Tax filing	Simple for our med name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! F After MAY 1, 2001 F Make Check Payable to	ee will be \$550.0	10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, JEROME 650 WEST AVE PH14		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33139 T FELDMAN, MICHAEL 650 WEST AVE PH14 MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, JASON 650 WEST AVE PH14 MIAMI BEACH FL 33139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021	Pehange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INICANI DESCRITE SA 188		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE : NAME ; STREET ADDRESS CITY-ST-ZIP :	1	☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	

of the corporation or the receiver or trustee empoword to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

981-0500

Daytime Phone #