2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # M96539** 1. Entity Name NETWORKS-U.S.A. XXI, INCORPORATED 04-30-2001 90162 001 *5,267.50 Principal Place of Business Mailing Address P.O. BOX 398750 650 WEST AVE. PH-14 MIAMI BEACH FL 33239 MIAMI BEACH FL 33139 68916 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. F. etc. NEW ADDRESS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PO BOX 816999 3537 EMERALD OAKS DRIVE LYWOOD, FL 33081-8999 City & Sta HOLLYWOOD, FL 33021 Applied For 4. FEI Number 65-0070632 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEROME FELDMAN Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVE 3537 EMERALD OAKS DRIVE **PH14** HOLLYWOOD, FL 33021 MIAMI BEACH FL 33139 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE and title if applicable FILE NOW!!! FEE IS \$150.00 rporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 ax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE 3537 EMERALD OAKS DRIVE TITLE DP NAME NAME FELDMAN, JEROMÉ HOLLYWOOD, FL 33021 STREET ADDRESS STREET ADDRESS 650 WEST AVE. PH14 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE 3537 EMERALD OAKS DRIVE NAME NAME FELDMAN, MICHAEL HOLLYWOOD, FL 33021 STREET ADDRESS STREET ADDRESS 650 WEST AVE. - PH14 CITY-ST-ZIP CITY-ST-ZIA MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME FELDMAN, JASON 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE. - PH14 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIE MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

3. 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 report or supplied by the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 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 of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver o

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1 (/o/ Date

981-0170U

CH2E034 (