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 # M96542 (9)

1. Corporation Name

NETWORKS-U.S.A. XXII, INCORPORATED

Principal Place of Business	Mailing Address
800 BRICKELL AVE 605 MIAMI FL 33131 US	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. 22	Suite, Apt. #, etc. 27
City & State 23 N. Miami, FL	City & State 28 N. Miami, FL
Zip 24 33181 Country 25	Zip 29 33261-0096 Country 30

3. Date Incorporated or Qualified: **08/26/1988**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **65-0071286** ☐ 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
800 BRICKELL AVE
SUITE 605
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 ______ 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FELDMAN, JEROME	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	FELDMAN, JASON	
STREET ADDRESS	800 BRICKELL AVE ,STE 605	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2005 NE 121 RD	
2.4 CITY-ST-ZIP	N. MIAMI Fl 33181	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: ______ 4/30/96 (305) 895-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)