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 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M96543** **(7)**

1. Corporation Name
NETWORKS-U.S.A. XXIII, INCORPORATED

Principal Place of Business	Mailing Address
% JEROME FELDMAN 610096 NORTH MIAMI FL 33261-7096	% JEROME FELDMAN 610096 NORTH MIAMI FL 33261-7096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21 800 Brickell Ave.
Suite, Apt. #, etc.
22 605
City & State
23 Miami, Florida
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 800 Brickell Ave.
Suite, Apt. #, etc.
27 605
City & State
28 Miami, Florida
Zip 29 33131 Country 30 USA

4. FEI Number: 65-0071291 ☐ 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 Avenue
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 the 4 application (NOTE: Registered Agent signature required when mailing)

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 Avenue, Ste. 605
CITY-ST-ZIP	NO MIAMI FL	14 CITY-ST-ZIP	Miami, Florida 33131
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	FEDMAN, JASON	22 NAME	
STREET ADDRESS	11900 BISCAYNE BLVD. #800	23 STREET ADDRESS	800 Brickell Avenue, Ste. 605
CITY-ST-ZIP	N. MIAMI FL 33181	24 CITY-ST-ZIP	Miami, Florida 33131
TITLE		31 TITLE	☒ Change ☐ Addition
NAME		32 NAME	800 Brickell Avenue, Ste. 605
STREET ADDRESS		33 STREET ADDRESS	Miami, Florida 33131
CITY-ST-ZIP		34 CITY-ST-ZIP	
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	4/23
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 SIGNING OFFICER OR DIRECTOR

0431913 FP