**PROFIT** CORPORATION ANNUAL REPORT

1999

NETWORKS-U.S.A. XXIII, INCORPORATED

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 19, 1999 8:00 am Secretary of State

05-19-1999 90017 001 \*5,408.75

|--|--|--|--|

Principal Place	e of Business	Mailing Address			90 1151 OLBIK BIBIK BIBIL SIBIF BIBIK BIBIK 1901
2005 N.E. 121 I	RD	PO BOX 610096			
N, MIAMI FL 33	1181	N. MIAMI FL 33261-0096		DO NOT WRIT	E IN THIS SPACE
US				3. Date Incorporated or Qualifed	1
	•			08/26/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 650	WEST Action	26		65-0071291	Not Applicable  \$8.75 Additional
Suite, Apt.	#, etc.		39875	5. Certifcate of Status Desired	Fee Required
City & State	e	City & State	11/1/1	6. Election Campaign Financing	S5.00 May Be Added to Fees
23 //4 / / 4	Country	28 M1 1 M1 1 100	Country,	Trust Fund Contribution  8. This corporation owes the curre	
24 3 3	39 25 //5/	29133239 3	¬ 11≈1	Personal Property Tax.	Yes □No
	9. Name and Address of Current	120 C20		10. Name and Address of New R	egistered Agent
			81 Name		•
	DMAN, JEROME		82 Strept-A	dress (P.O. Box Number is Not Accepta	ble).
	5 N.E. 121 RD IIAMI FL 33181	`	656	COEST MOE	/// //
N. M	IIAMI FL 3310T	<i>)</i>	83		
			84 MI	AMI BEACH	FL 85 Zip Code 3 3 3
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above-named correct	orporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing its registered
agent. I a	m familiar with the accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	allori a board of directors. The objector	1/2/00
SIGNATURE	etignam, typed printerna of registered agent		JEROME		7/ <i>1</i> 0/77
12.	OFFICERS ANI		egistered Agent signature req		FICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE		650 WEST ALLE	
DAME	FELDMAN, JEROME		1.2 NAME	USO WUS PIGE	- PHIY
STREET ADDRESS	2005 N.E. 121 RD		1.3 STREET ADDRESS	MIANNI BEACH,	1-1 23139
C/TY-ST-ZIP	N. MIAMI FL 33181		1.4 CITY-ST-ZIP	MIANI BEACH, 650 WOST AN	✓ Change □ Addition
TITLE	TD	☐ DELETE	2.1 TITLE	650 WOST AN	45 Addition
NAME	FEDMAN, JASON		2.2 NAME 2.3 STREET ADDRESS	WALL BOACH,	El PIT 409
STREET ADDRESS	2005 N.E. 121 RD N. MIAMI FL 33181		2.4 CiTY-ST-ZiP	MUMULL DONGER	33/39
CITY-ST-ZIP	14. MIAINI FE 33101	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		_ 5555.0	5.2 NAME		_ • -
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		/	6.2 NAME		

I hereby certify that the information septiled 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 annual report or stop-kingental 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 infinite 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OFFICER OR DIRECTOR