PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M96544

1. Corporation Name

NETWORKS-U.S.A. XXIV, INCORPORATED

Pon	cipai	rial	JE 01	Dusing
2005	N.E.	121	RD	Dusnie

May 19, 1999 8:00 am Secretary of State

05-19-1999 90017 001 *5,408.75



					8120 B101 B101 B101 B101 B101 B101	
Principal Place	of Business	Mailing Address		13318811 110 110 110 110 110 110 110 110 11		
2005 N.E. 121 F	RD.	PO BOX 610096				
N. MIAMI FL 33				DO NOT WRITE IN THIS SPACE		
US				3. Date Incorporated or Qualifed	THIS SPACE	
		A Marillan Andreas		08/26/1988 4. FEI Number	Applied For	
	ace of Business	2a. Mailing Address		65-0071289	Not Applicable	
21 650	WEST AUE	Suite, Apt. #, etc.		03-001 1209	\$8.75 Additional	
Suite, Apt.	#, etc.	27 1. 1. 130X 3	9875	5. Certificate of Status Desired	Fee Required	
22 / / / - City & State		City & State	7070	6 Election Campaign Financing	\$5.00 May Be	
23 Mi A W		28 711 A WY, BOA	UH.F	Trust Fund Contribution	Added to Fees	
Zip // / / /	Country		ountry	8. This corporation owes the current ye	ear Intangible	
24 53 3/3	29 25 1/5A	29 3 2 3 9 30	115A	Personal Property Tax.	√EYes □No	
24 (3.7)	9. Name and Address of Current	_ \		10. Name and Address of New Regist	tered Agent	
			81 Name			
FELD	MAN, JEROME		20 04	Under the Accordance to Maria Maria Maria Maria		
2005 N.E. 121 RD			82 Street A	Address (P.O. Box Nutriger is Not Acceptable)		
N. M	IAMI FL 33181		83	10001100 1111		
					A	
			84 99	AMI BEACH	FL 85 5578 7	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named o	corporation submits this statement for the purpor	ose of changing its registered	
office or re	egistered agent or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was authoriz	ed by the corpol	ration's board of directors. I hereby accept the	appointment as registered	
7	m lamiliar with and accept the obligati	ons or, section oor.cood, rionds of	come f	E Auch	1/20/90	
SIGNATURE	Signature, types of appear name of registered agent	and title if applicable. (NOTE: Registe		quired when reinstating) DA		
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	- SP //	☐ DELETE 1.1	TITLE	1 1 7 0.1	Change ☐ Addition	
NAME	FELDMAN, JEROME	1.2	NAME .	650 WEST AUE,	f H-14 3	
STREET ADDRESS	2005 N.E. 121 RD	1.3	STREET ADDRESS	Mi AMI BOACH &	7 0-130	
CITY 81-ZIP	N. MIAMI FL 33181	1.4	CITY-ST-ZIP	14, 170 te	<u> </u>	
TITLE	T	☐ DELETE . 2.1	ITITLE	650 WEST AVE	☐ change ☐ Addition (
NAME	FELDMAN, MICHAEL	2.2	NAME .	630 WEST HUE	for 14	
STREET ADDRESS	2005 N.E. 121 RD	23	STREET ADDRESS	MI AM BEACH	61 33/00	
CITY-ST-ZIP	N. MIAMI FL 33181	2	4 CITY-ST-ZIP	Mande /	53/39	
TITLE	S	☐ DELETE 3.1	1 TITLE	1 - 0 6	☐ Change ☐ Addition	
NAME	FELDMAN, JASON	3.2	2 NAME	Mi AMI BEACH,	PH-K	
STREET ADDRESS	2005 N.E. 121 RD	3.3	S STREET ADDRESS	My AMI BOACH, F	-/ 92/00	
CiTY-ST-ZIP	N. MIAMI FL 33181	3.0	4. CITY-ST-ZIP	any other, I	1 35/3 <u>7</u>	
TITLE			I TITLE		☐ Change ☐ Addition	
NAME		4.	2 NAME			
STREET ADDRESS		4.5	STREET ADDRESS		Y	
CITY-ST-ZIP			4 CITY-ST-ZIP			
TITLE			TITLE		☐ Change ☐ Addition	
. 1			2 NAME			
NAME STREET ADORESS			3 STREET ADDRESS		\	
STREET ADDRESS			4 CITY- ST-ZIP			
CITY-ST-ZIP			1 TITLE		☐ Change ☐ Addition	
TITLE			2 NAME			
NAME			3 STREET ADDRESS			
STREET ADDRESS			4 CITY-ST-ZIP			
CITY-ST-ZIP	r	/ v.		·		

CITY-ST-ZIP 14. 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 annual report or supplied ental 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 comparation of th