

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

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

0277987

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000071418**

1. Corporation Name  
**NETWORKS-U.S.A. XXVI, INCORPORATED**

Principal Place of Business

2005 N.E. 121 RD  
 N. MIAMI FL 33181  
 US

Mailing Address

P.O. BOX 610096  
 N. MIAMI FL 33261-0096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/14/1993**

4. FEI Number  
**65-0446497**

Applied For  
 Not Applicable

2. Principal Place of Business

21 **650 West Ave**

2a. Mailing Address

26 **P.O. Box 390750**

Suite, Apt. #, etc.

22 **PH-14**

Suite, Apt. #, etc.

27 **MIAMI BEACH, FL**

City & State

City & State

23 **MIAMI BEACH, FL**

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **USA**

Zip

29 **33239**

Country

30 **USA**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**FELDMAN, JEROME**  
 2005 N.E. 121 RD  
 N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**650 West Ave PH 14**

83

84 City

**MIAMI BEACH**

FL

85 Zip Code

**33139**

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

**JEROME FELDMAN**

**4/20/99**

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  DELETE  
 NAME **D FELDMAN, JEROME**  
 STREET ADDRESS **2005 N.E. 121 RD**  
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE  DELETE  
 NAME **D FELDMAN, JASON**  
 STREET ADDRESS **2005 N.E. 121 RD**  
 CITY-ST-ZIP **N. MIAMI FL 33181**

TITLE  DELETE  
 NAME **D FELDMAN, MICHAEL**  
 STREET ADDRESS **2005 N.E. 121 RD**  
 CITY-ST-ZIP **N. MIAMI FL 33181**

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 **650 West Ave**  
 1.3 STREET ADDRESS **MIAMI BEACH, FL PH-14**  
 1.4 CITY-ST-ZIP **33139**

2.1 TITLE  Change  Addition  
 2.2 NAME **650 West Ave**  
 2.3 STREET ADDRESS **MIAMI BEACH, FL PH-14**  
 2.4 CITY-ST-ZIP **33139**

3.1 TITLE  Change  Addition  
 3.2 NAME **650 West Ave**  
 3.3 STREET ADDRESS **MIAMI BEACH, FL PH-14**  
 3.4 CITY-ST-ZIP **33139**

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

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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99**

**305 895-7000**

DATE

Daytime Phone #

CR2E034 (11/98)