

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90162 001 *5,267.50

DOCUMENT # P93000071418

1. Entity Name
NETWORKS-U.S.A. XXVI, INCORPORATED

| | |
|--|---|
| Principal Place of Business 650 WEST AVE. PH-14 MIAMI BEACH FL 33139 US | Mailing Address P.O. BOX 398750 MIAMI BEACH FL 33239 |
|--|---|

| | | | |
|--|--|---------------------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 | 3. Mailing Address Suite, Apt. #, etc. NOTE: NEW ADDRESS PO BOX 816900 HOLLYWOOD, FL 33081-6900 | | |
| Zip 33021 | Country | Zip 33081 | Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-0446497 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**FELDMAN, JEROME
 650 WEST AVE.
 PH14
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
**3537 EMERALD OAKS DRIVE
 HOLLYWOOD, FL 33021**
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **Jerome Feldman** DATE **4/18/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FELDMAN, JEROME 650 WEST AVE. - PH14 MIAMI BEACH FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FELDMAN, JASON 650 WEST AVE. - PH14 MIAMI BEACH FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete FELDMAN, MICHAEL 650 WEST AVE. - PH14 MIAMI BEACH FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3537 EMERALD OAKS DRIVE HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Jerome Feldman** DATE **4/18/01** DAYTIME PHONE # **954-987-0500**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)