## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P93000071418 NETWORKS-U.S.A. XXVI, INCORPORATED 04-30-2001 90162 001 \*5,267.50 Principal Place of Business Mailing Address P.O. BOX 398750 650 WEST AVE. PH-14 MIAMI BEACH FL 33239 V U V 40 4 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc NOTE: NEW ADDRESS 3537 EMERALD OAKS DRIVE PO BOX 816909 Applied For 4. FEI Number HÖLLYWOOD, FL 33021 65-0446497 YWOOD, FL 33081-6999 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 650 WEST AVE. PH14 3537 EMERALD OAKS DRIVE MIAMI BEACH FL 33139 HOLLYWOOD, FL 33021 Zip Code is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above gamed entity eub SIGN FILE NOW!!! FEE IS \$150.00 orporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE NAME NAME FELDMAN, JEROME STREET ADDRESS 3537 EMERALD OAKS DRIVE STREET ADDRESS 650 WEST AVE. - PH14 CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Addition TITLE □ Detete TITLE NAME NAME FELDMAN, JASON 3537 EMERALD OAKS DRIVE STREET ADDRESS STREET ADDRESS 650 WEST AVE. - PH14 HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change Delete TITLE ☐ Addition TITLE 3537 EMERALD OAKS DRIVE NAME NAME FELDMAN, MICHAEL HOLLYWOOD, FL 33021 STREET ADDRESS STREET ADDRESS 650 WEST AVE. - PH14 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 a foreign state of the corporation of

TITLE

NAME

☐ Delete

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIE

TITLE

NAME

SECURITIES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

954.987-0508

Change

☐ Addition

Daytime Phone i