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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005493 (8)

NETWORKS-U.S.A. XXVIII, INCORPORATED

Principal Place of Business A

Mailing Address

FILED

May 14 1998 8:00am

Secretary of State

2005 NE 121 RD NO. MIAMI FL 33181		PO BOX 610096 N. MIAMI FL 33261-009	PO BOX 610096 N. MIAMI FL 33261-0096			DO NOT WRITE IN THI S S PACE
						3. Date Incorporated or Qualified 01/23/1995
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	 			65-0563301 Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e	City & State	28			6. Election Campaign Financing
Zip 24	Country 25	Zip 29	30 Cou	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
FELDMAN, JEROME				81	Name	
	05 NE 121 RD 1. MIAMI FL 33181		82 Street A		Street Ad	Address (P.O. Box Number is Not Acceptable)
			İ	вз		
				84	City	FI 85 Zip Code
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						
40	Signature, typind or printed name of registrate	Engine and elle it applicable (N AND DIRECTORS		1 Age	nt signature re	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D Orrigins	DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FELDMAN, JEROME	المام المام	1.2 N/		\ \	
STREET ADDRESS	AGOT AIT 404 DD			1.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33181		1.4 Cf		ľ	
TITLE	\$	DELETE	2.1 Ti			☐ Change ☐ Addition
NAME	FELDMAN, JASON 223		2.2 NA	ME		
STREET ADDRESS	200 5 NE 121 RD		238		ADDRESS	
CITY-ST-ZIP			2.4 C	ITY - S	r-zip	
TITLE	Ţ	☐ DELETE	3.1 10	TLE		Change Addition
NAME	FELDMAN, MICHAEL 3.2 N		ME	i	·	
STREET ADDRESS	MO BUARUEL COLOR		REE1	ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL 33181	T SELECT	3.4. C		I - ZIP	
TITLE		☐ DELETE	4.1 TO		Į	Change Addition
NAME			4.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4,4 C(1 - ZIP	Change Addition
NAME		_ >======	5.2 NA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			5.4 CI			
TITLE		DELETE	6.1 71			Change Addition
NAME			6.2 NA	ME	1	
STREET ADDRESS			6.3 ST	REET.	ADDRESS	
CITY-ST-ZIP			6.4 CI	IY-\$1	1 - ZIP	

4. 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 the 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13 if changed, to compare machinent with an address.

Encolar Contract Cont

4/18/90 8915.700