

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **1999-09-10** | Period of Report: **1999-09-01**
SEC Accession No. **0000950130-99-005213**

([HTML Version](#) on secdatabase.com)

SUBJECT COMPANY

FOREIGNTV COM INC

CIK: **1077634** | IRS No.: **134037641** | State of Incorporation: **DE** | Fiscal Year End: **1231**
Type: **3** | Act: **34** | File No.: **000-25667** | Film No.: **99709652**
SIC: **4899** Communications services, nec

Mailing Address
*162 FIFTH AVE
SUITE 1008A
NEW YORK NY 10010*

Business Address
*162 FIFTH AVE
SUITE 1008A
NEW YORK NY 10010
2122061121*

REPORTING OWNER

BERLINER HAROLD I

CIK: **1094791**
Type: **3**

Mailing Address
*36 CROSS HOLLY ROAD
HARTSDALE NY 10530*

Business Address
*120 FIFTH AVENUE
NEW YORK NY 10010
2129939400*

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|           OMB APPROVAL           |
|-----|
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| FORM 3 |           U.S. SECURITIES AND EXCHANGE COMMISSION
+-----+           WASHINGTON, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or
Section 30(f) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person*

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BERLINER           HAROLD           I.
-----
(Last)             (First)          (Middle)

36 Cross Holly Road
-----
                        (Street)

Hartsdale           NY           10530
-----
(City)             (State)          (Zip)

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2. Date of Event Requiring Statement (Month/Day/Year) 9/1/99

3. IRS or Social Security Number of Reporting Person (Voluntary) ###-##-####

4. Issuer Name and Ticker or Trading Symbol ForeignTV.com, Inc. (FNTV)

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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[ ] Director      [X] Officer      [ ] 10% Owner    [ ] Other
                    (give title below)                (specify below)

Vice President - Finance & CFO
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6. If Amendment, Date of Original (Month/Day/Year)

7. Individual or Joint/Group Filing (Check Applicable Line)

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X Form Filed by One Reporting Person
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Form filed by More than One Reporting Person
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TABLE I--NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED

<TABLE>
<CAPTION>

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1. Title          2. Amount of          3. Ownership Form:  4. Nature of
of               Securities Bene-      Direct (D) or      Indirect Bene-
Security        ficially Owned       Indirect (I)      ficial Ownership
(Instr. 4)      (Instr. 4)           (Instr. 5)        (Instr. 5)
-----
<S>             <C>                  <C>                <C>
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</TABLE>
 Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.
 * If the form is filed by more than one reporting person. see Instruction 5(b) (v)

FORM 3 (continued)

TABLE II--DERIVATIVE SECURITIES BENEFICIALLY OWNED
 (e.g., puts, calls, warrants, options, convertible securities)

<TABLE>
 <CAPTION>

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
<S>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
Options to Purchase	9/1/99(1)	9/1/04	Common Stock	50,000	\$6.00	D	

</TABLE>
 Explanation of Responses:

(1) Immediately exercisable to the extent of 10,000 shares; thereafter, exercisable, cumulatively, to the extent of an additional 10,000 shares on 9/1/00, 9/1/01, 9/1/02 and 9/1/03, respectively.

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient. see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

/s/ Harold I. Berliner 9/9/99

**Signature of Reporting Person Date