


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90155 038 \*\*\*150.00

**DOCUMENT # L12461**  
 1. Entity Name  
 LICENSE CORP. NO. 1



Principal Place of Business: 800 DOUGLAS ROAD ANNEX BLDG # 111 CORAL GABLES, FL 33134 US  
 Mailing Address: 3102 OAK LAWN AVE SUITE 215 DALLAS, TX 75219 US

**50019226**

2. Principal Place of Business: Suite, Apt. #, etc.  
 City & State: Teaneck, NJ  
 Zip: 07666 Country: USA

3. Mailing Address: 500 Frank W. Burr Blvd.  
 Suite, Apt. #, etc.: 6th Floor  
 City & State: Teaneck, NJ  
 Zip: 07666 Country: USA



02082005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

4. FEI Number: 75-2710436  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP TICHENOR, JR, MCHENRY T 3102 OAK LAWN AVE., STE 215 DALLAS, TX 75219 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINSON, JEFFREY T 3102 OAK LAWN AVE., STE 215 DALLAS, TX 75201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STONE, GARY 3102 OAK LAWN AVENUE STE 215 DALLAS, TX 75219 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEROW, DAVID P 3102 OAK LAWN AVE., STE 215 DALLAS, TX 75219 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **2/14/05** **(201) 287-4323**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #