

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90018 017 \*\*\*150.00

**DOCUMENT # F01000000250**

1. Entity Name

**TKO SPORTS GROUP USA LIMITED INC.**

Principal Place of Business

~~10367 WEST SAMPLE ROAD~~  
~~CORAL SPRINGS FL 33065~~

Mailing Address

**606 RENNIE STREET**  
**HAMILTON, ONTARIO**  
**CANADA L8H 3P5**

2. Principal Place of Business

**3450 Park Central Blvd. N**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**Pompano Beach, FL**

City &amp; State

4. FEI Number

**98-0337494**~~APPLIED FOR~~

Applied For

Not Applicable

Zip

**33064**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSCD** ☐ Delete  
NAME **KURTZ, GARRY**  
STREET ADDRESS **606 RENNIE STREET**  
CITY-ST-ZIP **HAMILTON, ONT., CANADA L8H 3P5**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Sr. Vice President** ☐ Change ☒ Addition  
NAME **Mitch Carlin**  
STREET ADDRESS **3450 Park Central Blvd. N.**  
CITY-ST-ZIP **Pompano Beach, FL 33064**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2002

905-544-4420

Daytime Phone #

CR2E034 (9/01)