



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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address <i>500 Frank W. Burr Blvd.</i> Suite, Apt. #, etc. <i>6th Floor</i> City & State <i>Teaneck, NJ</i> Zip <i>07666</i> Country <i>USA</i>		
4. FEI Number 02082005 Chg-P CR2E034 (10/03) 75-2710436			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TICHENOR, JR, MCHENRY T		NAME		
STREET ADDRESS	3102 OAK LAWN AVE., STE 215		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINSON, JEFFREY T		NAME		
STREET ADDRESS	3102 OAK LAWN AVE., STE 215		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, GARY		NAME		
STREET ADDRESS	3102 OAK LAWN AVENUE STE 215		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEROW, DAVID P		NAME		
STREET ADDRESS	3102 OAK LAWN AVE., STE 215		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75219		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/14/05 (201) 287-4323 <small>Date Daytime Phone #</small>		