
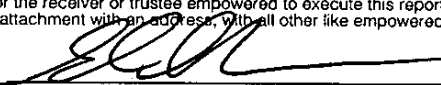


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-25-2005 90155 037 \*\*\*150.00

|   |  |                                    |  |   |  |
|---|--|------------------------------------|--|---|--|
| <b>DOCUMENT # L12462</b><br>1. Entity Name<br><b>LICENSE CORP. NO. 2</b>  |  |                                    |  |  |  |
| Principal Place of Business<br><b>800 DOUGLAS RD.<br/>ANNEX BLDG. #111<br/>CORAL GABLES, FL 33134 US</b>  |  |                                    | Mailing Address<br><b>3102 OAK LAWN AVE<br/>SUITE 215<br/>DALLAS, TX 75219</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                    | 3. Mailing Address<br><b>500 Frank W. Burr Blvd.<br/>6th Floor<br/>Teaneck, NJ</b>   |   |  |
| City & State  |  |                                    | City & State<br><b>Teaneck, NJ</b>   |   |  |
| Zip   |  | Country                            |  | Zip<br><b>07666</b>   |  |
| Country<br><b>USA</b>   |  | 4. FEI Number<br><b>75-2710438</b> |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |                                    |  |   |  |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |  |                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |                                    |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |  |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CEO<br>TICHENOR, JR, MCHENRY T <input checked="" type="checkbox"/> Delete<br>3102 OAK LAWN AVE., STE 215<br>DALLAS, TX 75219 |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>HINSON, JEFFREY T <input type="checkbox"/> Delete<br>3102 OAK LAWN AVE., STE 215<br>DALLAS, TX 75201                    |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | COO<br>STONE, GARY <input type="checkbox"/> Delete<br>3102 OAK LAWN AVE., STE 215<br>DALLAS, TX 75219                        |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GEROW, DAVID <input type="checkbox"/> Delete<br>3102 OAK LAWN AVE., STE 215<br>DALLAS, TX 75219                        |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |                                    | TITLE<br>NAME<br>STREET ADDRESS<br>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 #   |   |  |

50019227



02082005 Chg-P CR2E034 (10/03)