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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 01 1996 8:00 am  
Secretary of State

DOCUMENT # N95000002864 (5)

1. Corporation Name

MIKE TYSON FOUNDATION, INC.

Principal Place of Business

C/O DON KING PRODUCTIONS, INC.  
871 W. OAKLAND PARK BOULEVARD  
OAKLAND PARK FL 33311

Mailing Address

C/O DON KING PRODUCTIONS, INC.  
871 W. OAKLAND PARK BOULEVARD  
OAKLAND PARK FL 33311

3. Date Incorporated or Qualified  
06/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 C/O MIKE TYSON PRODUCTIONS

Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 C/O MIKE TYSON PRODUCTIONS

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0640302

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DON KING PRODUCTIONS, INC.  
871 W. OAKLAND PARK BOULEVARD  
OAKLAND PARK FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TYSON, MICHAEL G  
STREET ADDRESS 6740 TUMIAYUO LAKE  
CITY-ST-ZIP LAS VEGAS NV 89120 ☐ DELETE

TITLE VPTD  
NAME HORNE, JOHN  
STREET ADDRESS 3 OAKWOOD  
CITY-ST-ZIP ALBANY NY 12208 ☐ DELETE

TITLE VPSD  
NAME HOLLOWAY, RORY  
STREET ADDRESS 1265 15TH STREET  
CITY-ST-ZIP FORT LEE NJ 07024 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)