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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000002864 (5)

1. Corporation Name

MIKE TYSON FOUNDATION, INC.



Principal Place of Business

Mailing Address

C/O TYSON, MIKE PRODUCTIONS
871 W. OAKLAND PARK BOULEVARD
OAKLAND PARK FL 33311
US

C/O TYSON, MIKE PRODUCTIONS
871 W. OAKLAND PARK BOULEVARD
OAKLAND PARK FL 33311-1731
US

3. Date Incorporated or Qualified
06/16/1995

3a. Date of Last Report
07/01/1996

2. Principal Place of Business

2a. Mailing Address

21 MIKE TYSON PRODUCTIONS, INC.

26 MIKE TYSON PRODUCTIONS, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SDI FAIRWAY DRIVE

27 SDI FAIRWAY DRIVE

City & State

City & State

23 DEERFIELD BEACH FL

28 DEERFIELD BEACH FL

Zip

Country

Zip

Country

24 33441

25 USA

29 33441

30 USA

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

4/28/97

Date

Daytime Phone # 00347 11

CR2E037 (9/96)