

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

006r.038

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002864 (5)
 1. Corporation Name
MIKE TYSON FOUNDATION, INC.



Principal Place of Business	Mailing Address
MIKE TYSON PRODUCTIONS INC 501 FAIRWAY DRIVE DEERFIELD BEACH FL 33441 US	MIKE TYSON PRODUCTIONS INC 501 FAIRWAY DRIVE DEERFIELD BEACH FL 33441 US

3. Date Incorporated or Qualified 06/16/1995	
4. FEI Number 65-0640302	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 10100 Santa Monica Blvd	2a. Mailing Address 10100 Santa Monica Blvd.	
22. Suite, Apt. #, etc. Suite 1300	27. Suite, Apt. #, etc. Suite 1300	
23. City & State Los Angeles CA	28. City & State Los Angeles CA	
24. Zip 90067	29. Zip 90067	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **CT Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
 83
 84 City **Plantation** FL 85 Zip Code **33324**

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 **M. T. Fitzpatrick, Asst. Secretary** DATE **7-30-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TYSON, MICHAEL G	
STREET ADDRESS	6740 TOMIYASU LAKE-	
CITY-ST-ZIP	LAS VEGAS NV 89120	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	HORNE, JOHN	
STREET ADDRESS	3 OAKWOOD	
CITY-ST-ZIP	ALBANY NY 12208	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, RORY	
STREET ADDRESS	1265 15TH STREET	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	TOMIYASU LANE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002636834
6.3 STREET ADDRESS	-09/11/98--01025--010
6.4 CITY-ST-ZIP	***61.25

14. 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 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 recipient of a trust 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 properly attached with an address.

SIGNATURE: **X Mike Tyson** DATE **8/24/98**

CR2E037 (5/98)