


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000125328</b> 1. Entity Name TKO APPAREL LICENSING, INC.	
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Principal Place of Business 1175 N.E. 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161	Mailing Address 1175 N.E. 125TH STREET, SUITE 102 NORTH MIAMI, FL 33161
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**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4224025	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

TATE, J. KENNETH  
1175 N.E. 125TH STREET, SUITE 102  
NORTH MIAMI, FL 33161

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TATE, J. KENNETH 1175 N.E. 125TH ST., SUITE 102 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD TATE, JAMES D 1175 N.E. 125TH ST., SUITE 102 NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SOMERSTEIN, BARRY 200 E. BROWARD BLVD. 15TH FLOOR FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/17/05-80021-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  **3/14/05** **305-891-1107x24**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #