


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P06000110361		
1. Entity Name TKO-EVOLUTION LICENSING #1, INC.		
Principal Place of Business 1175 NE 125TH ST STE 102 N MIAMI, FL 33161	Mailing Address 1175 NE 125TH ST STE 102 N MIAMI, FL 33161	



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-5432675	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**

**DO NOT WRITE  
IN THIS SPACE**

TATE, J. KENNETH  
1175 NE 125TH ST STE 102  
N MIAMI, FL 33161

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000907112  
05/05/08-80025-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TATE, KENNETH J 1175 N.E. 125TH STREET SUITE 102 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST TATE, JAMES D 1175 N.E. 125TH STREET SUITE 102 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERSTEIN, BARRY 1175 N.E. 125TH STREET SUITE 102 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

*J. Kenneth Tate*  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/08*  
\_\_\_\_\_  
Date

*305-891-1107*  
\_\_\_\_\_  
Daytime Phone #