2007 FOR PROFIT CORPORATION

Apr 09, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P98000105098** 04-09-2007 90075 002 ***150.00 1. Entity Name TKO DOMINICANA, INC. Principal Place of Business Mailing Address 40054149 1175 NE 125 STREET STE 102 1175 NE 125 STREET STE 102 NO MIAMI, FL 33161 NO MIAMI, FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 65-0883666 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATE, J. KENNETH Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125TH ST STE 102 N MIAMI, FL 33161 City Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TATE, J. KENNETH NAME STREET ADDRESS 1175 NE 125TH ST STE 102 STREET ADDRESS CITY-ST-ZIP N MIAMI, FL CITY-ST-ZIP VSTD TITLE ☐ Delete Change Addition NAME TATE, JAMES D NAME STREET ADDRESS 1175 NE 125TH ST STE 102 STREET ADDRESS CITY-ST-ZIP N MIAMI, FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filling does not quality 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 his eport 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 addjess, with all other like empowered. changed, or on an attachment with an address, with all other

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-891-1107

FILED