

6105
#355

BPR-0009-453
2010 January
Rule 61K1-1.040

FLORIDA STATE BOXING COMMISSION
1940 North Monroe Street
Tallahassee, Florida 32399-1016
(850) 488-8500 FAX (850) 922-2249
Email: Florida.Boxing@dbpr.state.fl.us

POST-EVENT TAX REPORT
FOR LIVE EVENT

This form, along with the 5% tax payment, must be filed (not postmarked) with the Florida State Boxing Commission by the promoter of a match or program of matches (event) or concessionaire no later than 72 hours after the conclusion of the event. Payments may be made by cash, check (payable to the Florida State Boxing Commission), money order or cashier's check, unless you have been otherwise notified by the Commission.

RECEIVED
CIU Mail Intake
Stamp #5

SEP 20 2012

Bellator Sport Worldwide LLC

July 20, 2012

NAME OF PROMOTER or CONCESSIONAIRE (as licensed)

DATE OF EVENT

Bellator Fighting Championships

USF Sun Dome

NAME OF EVENT

NAME OF FACILITY WHERE EVENT WAS HELD

Ticker Master

University of South Florida

NAME OF TICKET PRINTING COMPANY

ADDRESS OF FACILITY

813-974-3111

ADDRESS OF TICKET PRINTING COMPANY

TELEPHONE NUMBER OF FACILITY

I. BROADCAST, TELEVISION OR MOTION PICTURE RIGHTS

Gross amount paid for sale or lease of broadcasting, television or motion picture rights, less any state or federal taxes:

A.
\$ 35,000.00

Calculation of tax payment:

X .05 (tax)

The lesser of this amount or \$40,000 is the tax payment due for Item I: _____ >

1,750.00

\$

II. INTERNET SALES

Gross amount received by promoter or concessionaire from internet sales:

B.
0

Calculation of tax payment:

X .05 (tax)

This is the tax payment due for Item II: _____ >

III. SOUVENIRS, PROGRAMS AND CONCESSIONS

Gross amount received by promoter or concessionaire from sale of souvenirs, programs & concessions, less any state or federal taxes:

2,758.52

Calculation of tax payment:

X .05 (tax)

This is the tax payment due for Item III: _____ >

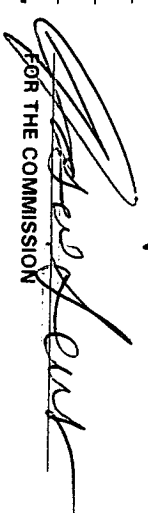
137.93

\$

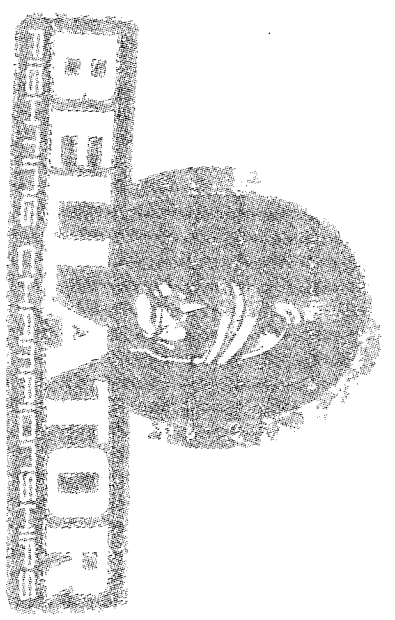
P24122011

DBR 08-461 (Revised 04/96) RECEIPT NO. 49612
 DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION
 FLORIDA STATE BOXING COMMISSION
 RECEIVED OF Bellator Sport Worldwide DATE 9/26/12
 (NAME)

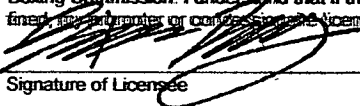
(ADDRESS) _____ Check # 4605
 (CITY) _____ (STATE) _____ (ZIP) _____
 Cash \$ ~~4630.57~~

001001	Permit Fee	\$ _____	Type of License	<u>Post Event</u>
002001	License Fee	_____		
003046	Gross Receipt Tax	<u>4630.57</u>		<u>Farm</u>
001002	Filing Fee	_____		
012003	Fines	_____		
	Other	_____		
TOTAL \$		<u>4630.57</u>	 FOR THE COMMISSION	

Bellator Sport Worldwide 14505
 09/15/2012 4,630.57
 Florida State Boxing Commission
 Gate Tax



1002.1 Wells Fargo B Gate Tax 4,630.57

IV. TICKETS SOLD			
Face value of ticket _____	X	Number of tickets sold _____	= _____
Face value of ticket _____	X	Number of tickets sold _____	= _____
Face value of ticket _____	X	Number of tickets sold _____	= _____
Face value of ticket _____	X	Number of tickets sold _____	= _____
Face value of ticket _____	X	Number of tickets sold _____	= _____
Gross amount received for tickets sold, less any state or federal taxes:		C. 54,685.76	2,734.29 \$
Calculation of tax payment:		X .05 (tax)	
This is the tax payment due for Item IV:		_____ >	
V. COMPLIMENTARY TICKETS ISSUED			
Face value of ticket <u>1</u>	X	Number tickets issued 167	= 167.00
Face value of ticket _____	X	Number tickets issued _____	= _____
Face value of ticket _____	X	Number tickets issued _____	= _____
Gross face value of complimentary tickets issued - (cannot be zero):		D. 167.00	8.35 \$
Calculation of tax payment:		X .05 (tax)	
This is the tax payment due for Item V:		_____ >	
TOTAL AMOUNT OF TAX DUE FOR ITEMS I, II, III, IV AND V			_____ > \$ 4,630.57
<p><small>I certify that the information contained on this form, to the best of my knowledge and belief, is an accurate reflection of the tax payment due the Florida State Boxing Commission. I understand that if the Commission determines that this report is not an accurate reflection of the monies due the Commission, I may be fined, my box promoter or commissioner's license may be suspended or revoked, I may be prosecuted for a second degree misdemeanor, or all of the above.</small></p>			
 Signature of Licensee		Bjorn Reiney Print Name	<div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> Social Security Number
			8/28/2012 Date

See Attached