

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002684 (7)**

1. Corporation Name

ON TOUR PRESENTS, INC.



Principal Place of Business

**3701 JOHN YOUNG PARKWAY
SUITE #102
ORLANDO FL 32804**

Mailing Address

**3701 JOHN YOUNG PARKWAY
SUITE #102
ORLANDO FL 32804**

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **40 New City Communications**

22 City & State

27 **10 MIDDLE ST**

23 Zip

Country

28 **BRIDGEPORT CT**

Zip

Country

24

25

29 **06604**

30

4. FEI Number

06-1426588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature type 1 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
**CD
FERGUSON, RICHARD**

STREET ADDRESS
10 MIDDLE STREET

CITY - ST - ZIP
BRIDGEPORT CT

TITLE

NAME
**VSD
MORLEY, JAMES**

STREET ADDRESS
10 MIDDLE STREET

CITY - ST - ZIP
BRIDGEPORT CT

TITLE

NAME
**VD
REIS, RICHARD**

STREET ADDRESS
10 MIDDLE STREET

CITY - ST - ZIP
BRIDGEPORT CT

TITLE

NAME
**VD
RICCARDI, JOHN**

STREET ADDRESS
10 MIDDLE STREET

CITY - ST - ZIP
BRIDGEPORT CT

TITLE

NAME
**D
STOUT, STEPHEN J**

STREET ADDRESS
3701 JOHN YOUNG PKWY., STE 102

CITY - ST - ZIP
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

John Riccardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

203-333-4800

Date

Daytime Phone #

CR2E034 (12/95)