

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
C/O NEW CITY COMMUNICATIONS  
10 MIDDLE ST  
BRIDGEPORT CT 06604-4229  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified  
06/02/1995

3a. Date of Last Report  
03/12/1996

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

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

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FERGUSON, RICHARD	
STREET ADDRESS	10 MIDDLE STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MORLEY, JAMES	
STREET ADDRESS	10 MIDDLE STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REIS, RICHARD	
STREET ADDRESS	10 MIDDLE STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICCARDI, JOHN	
STREET ADDRESS	10 MIDDLE STREET	
CITY-ST-ZIP	BRIDGEPORT CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STOUT, STEPHEN J	
STREET ADDRESS	3701 JOHN YOUNG PKWY., STE 102	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 3/25/97 (203) 333-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)