

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90780 020 ***150.00

DOCUMENT # F96000003638
1. Entity Name OUTTA THE HOLE TOURING, INC.

14010101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA Zip 91436 Country USA		3. Mailing Address C/O HABER CORP Suite, Apt. #, etc. 16830 VENTURA BL #501 City & State ENCINO, CA Zip 91436 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4564635		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name LESTER, DON	
Street Address (P.O. Box Number is Not Acceptable) LESTER & MITCHELL	
218 E ASHLEY ST	
City JACKSONVILLE	FL Zip Code 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS			
TITLE PD	NAME ROSSINGTON, GARY	TITLE	NAME
STREET ADDRESS 16830 VENTURA BLVD. #501	CITY - ST - ZIP ENCINO, CA, 91436	STREET ADDRESS	CITY - ST - ZIP
TITLE V	NAME POWELL, WILLIAM	TITLE	NAME
STREET ADDRESS 16830 VENTURA BLVD. #501	CITY - ST - ZIP ENCINO, CA, 91436	STREET ADDRESS	CITY - ST - ZIP
TITLE T	NAME VAN ZANT, JOHNNY	TITLE	NAME
STREET ADDRESS 4619 PLYMOUTH ST	CITY - ST - ZIP JACKSONVILLE, FL, 32205	STREET ADDRESS	CITY - ST - ZIP
TITLE S	NAME HABER, GARY	TITLE	NAME
STREET ADDRESS 16830 VENTURA BLVD. #501	CITY - ST - ZIP ENCINO, CA, 91436	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

12. I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____	SECRETARY	Date 4/27/04	Daytime Phone # 818-783-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)