

APR.30'2004 16:26

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # MD2000001824	
Entity Name Dora Touring, LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 West 42nd Street Suite, Apt. #, etc.		3. Mailing Address 220 West 42nd Street Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10036	Country USA	Zip 10036	Country USA

4. FEI Number 81-0567792	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee **FL** Zip Code
32301

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.

DATE _____

FEE (\$50.00)

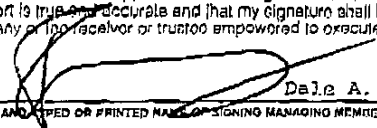
Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SFX Family Entertainment, Inc. (Sole MBR) - 220 West 42nd Street New York, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  **Dale A. Reed (Secy of MBR)**

April 28 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

LOCATION:

RX TIME 04/30 '04 15:24

CR2003B (12/02)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 604893 4375356

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 4:36 PM

ORDER NO. : 604893-035

CUSTOMER NO: 4375356

CUSTOMER: Ms. Christina V. Lynge
Clear Channel Entertainment
5th Floor
220 West 42nd Street
New York, NY 10036

RECEIVED
04 APR 30 PM 4:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CG PRODUCTIONS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____