# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001824

1. Entity Name

Doza Touring, LLC

FILED

2004 APR 30 A 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 220 West 42nd Street | 220 West 42nd Street |
| Suite, Apt. #, etc. | 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**

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

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS $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 | MGRM<br>SFX Family Entertainment, Inc. (Sole MBR) - 220 West 42nd Street New York, NY 10036 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S00035139625 |
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CR2E083B (12/02)

11. 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 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 608, Florida Statutes.

**SIGNATURE:** Dale A. Head (Secy of MBR) April 28 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 604893 4375356

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 50.00

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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

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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: _____