


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
05 JAN 31 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M02000001824</b> 1. Entity Name DORA TOURING, LLC	
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Principal Place of Business C/O SPX FAMILY ENTERTAINMENT, INC. 220 WEST 42ND STREET NEW YORK, NY 10036	Mailing Address C/O SPX FAMILY ENTERTAINMENT, INC. 220 WEST 42ND STREET NEW YORK, NY 10036
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*BK*



01052005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0567792	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 Deborah D. Skipper **Deborah D. Skipper** 1/31/2005  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SFX FAMILY ENTERTAINMENT, INC. 220 WEST 42ND STREET NEW YORK, NY 10036
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100045732091  <b>DO NOT WRITE IN THIS SPACE</b>
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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.			
<b>SIGNATURE:</b> <u>Dale A. Head</u>	<u>1/25/2005</u>	<u>917-421-5773</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #



CORPORATION SERVICE COMPANY

M02000001824

ACCOUNT NO. : 072100000032

REFERENCE : 172220 4375356

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 50.00

ORDER DATE : January 28, 2005

ORDER TIME : 11:36 AM

ORDER NO. : 172220-095

CUSTOMER NO: 4375356 *DK*

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

ANNUAL REPORT FILING

NAME: DORA TOURING, LLC

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_