LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED

2004 APR 30 A 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001932

1. Entity Name

Blues Clues Touring, LLC

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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-4104201 ☐ 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

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 _____ 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	MGR SFX Family Entertainment, Inc. (Sole MBR) - 220 West 42nd Street New York, NY 10036
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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 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

ORDER DATE : April 30, 2004

ORDER TIME : 4:37 PM

ORDER NO. : 604893-040

CUSTOMER NO: 4375356

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

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

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____