


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90046 010 ***150.00

DOCUMENT # P01000028780	
1. Entity Name STARZ ON TOUR, INC.	

Principal Place of Business 5400 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309	Mailing Address 5400 N.W. 10TH TERRACE FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



07062005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0089212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOLAN, JAMES V 405 DOUGLAS AVENUE STE 1855 A ALTAMONTE SPRINGS, FL 32714
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607-193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARRY, JAMES 5400 N.W. 10TH TERRACE FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>James E Barry</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>7/18/05</u> Daytime Phone # _____
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ATTACHMENT

50057874

June 29, 2005

Division of Corporation
PO BOX 6198
Tallahassee, FL 35314-6198

Document #608724

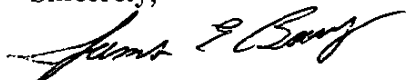
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We received the Notice of Dissolution on these (4) corporations today. We did not receive any prior notice and are asking for you to waive any late or penalty fees involved. Please send us the forms by mail and we will remit as soon as they are received. If you have any questions, please do not hesitate to call.

Sincerely,



James Barry
President