

No. <b>W 53556</b>		<b>Due no later than Aug 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CHARLES FABER 1414 CAMBRIDGE DR IDAHO FALLS ID 83401			
		<b>1. Mailing Address: Correct in this box if needed.</b> FRONT ROW EVENT AND PRODUCTION MANAGEMENT LLC CHARLES FABER 1777 TAMiami TRL SUITE 404 PORT CHARLOTTE FL 33948 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JANE E FABER	15064 HENNIPEN CIR	PORT CHARLOTTE	FL	USA	33981	
MANAGER	CHARLES R FABER	15064 HENNIPEN CIR	PORT CHARLOTTE	FL	USA	33981	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>IN W 53556</b>		Signature: Jane Faber				Date: 07/01/2014	
		Name (type or print): Jane Faber				Title: Manager	
Processed 07/01/2014		* Electronically provided signatures are accepted as original signatures.					