

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000008732

Entity Name: FREEMAN AUDIO VISUAL, LLC

Current Principal Place of Business:

1600 VICEROY, STE 100
DALLAS, TX 75235

Current Mailing Address:

P O BOX 660613
DALLAS, TX 75266 US

FEI Number: 75-1375597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name PRIEST-HECK, ROBERT W
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title CHAIRMAN
Name PARSONS, CARRIE FREEMAN
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title PRESIDENT
Name SANDERS, KENNETH R
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title CFO
Name REHKEMPER, PHILIP
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title CLO
Name REPP, DAWN N
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title SVP, CORPORATE CONTROLLER
Name FARMER, CHERYL
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title SVP, FINANCE & TREASURER
Name BAXLEY, WILLIAM H III
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

Title VP, TAX & ASST SECRETARY
Name GOFF, DEREK W
Address 1600 VICEROY, STE 100
City-State-Zip: DALLAS TX 75235

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEREK GOFF

VICE PRESIDENT, TAX

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date