

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036517

FILED
Jun 15, 2009
Secretary of State

Entity Name: FACING EAST ENTERTAINMENT, LLC

Current Principal Place of Business:

13625 N. FLORIDA AVE.
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

13625 N. FLORIDA AVE.
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 26-2367781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAIRIGH, RAYMOND L SR.
13625 N. FLORIDA AVE.
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAIRIGH, RAYMOND L SR.
Address: 13625 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM () Delete
Name: RAIRIGH, GREGORY S
Address: 1807 CURRY ROAD
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM () Delete
Name: RAIRIGH, CARMEN
Address: 1807 CURRY RD.
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAYMOND L RAIRIGH SR

MGRM

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date