

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000065450

Entity Name: GROM SOCIAL ENTERPRISES, INC.**Current Principal Place of Business:**2060 NW BOCA RATON BLVD
SUITE #6
BOCA RATON, FL 33431**Current Mailing Address:**2060 NW BOCA RATON BLVD
SUITE #6
BOCA RATON, FL 33431 US**FEI Number:** 46-5542401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE
1ST FLOOR
TALLAHASSEE, FL 32301 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:** LETICIA HERRERA

04/26/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT, CHAIRMAN
Name MARKS, DARREN M
Address 2060 NW BOCA RATON BLVD
SUITE #6
City-State-Zip: BOCA RATON FL 33431

Title CFO, TREASURER, SECRETARY
Name WILLIAMS, JASON A
Address 2060 NW BOCA RATON BLVD
SUITE #6
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name RUTHERFORD, THOMAS DR.
Address 2060 NW BOCA RATON BLVD
SUITE #6
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name ROSENTHAL, NORMAN
Address 2060 NW BOCA RATON BLVD
SUITE #6
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name STEVENS, ROBERT
Address 2060 NW BOCA RATON BLVD
SUITE #6
City-State-Zip: BOCA RATON FL 33431

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 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON A WILLIAMS**SECRETARY**

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date