

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000244009

**Entity Name:** ILLUSTRIOUS ENTERTAINMENT GROUP, LLC

**Current Principal Place of Business:**

11899 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

12220 EAGLE TRACE BLVD. N  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 82-1447219

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FORSURE CORPORATION  
11899 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071 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           MANAGER, DIRECTOR,  
                  COMPTRROLLER  
Name            FORSURE CORPORATION  
Address         11899 CLASSIC DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title            MANAGER, AUTHORIZED  
                  REPRESENTATIVE, PRESIDENT, CEO  
Name            BRYAN, DEVAUGHN T  
Address         12220 EAGLE TRACE BLVD. N  
City-State-Zip: CORAL SPRINGS FL 33071

Title            AUTHORIZED MEMBER, AUTHORIZED  
                  REPRESENTATIVE, VP  
Name            HIDALGO, JORGE RENE  
Address         229 NW 101ST AVE.  
City-State-Zip: PLANTATION FL 33324

Title            AUTHORIZED MEMBER, AUTHORIZED  
                  REPRESENTATIVE, VP  
Name            HALL, MICHAEL ANTHONY  
Address         351 SW 83RD AVE.  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title            AUTHORIZED MEMBER, AUTHORIZED  
                  REPRESENTATIVE, VP  
Name            FIGUEROA, FABIAN  
Address         234 TIOGA STREET  
City-State-Zip: TRENTON NJ 08609

*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:** FORSURE CORPORATION

**REGISTERED AGENT**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date