

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000013505

Entity Name: GX ENTERTAINMENT GROUP, LLC

Current Principal Place of Business:

20900 NE 30TH AVE
STE 830
AVENTURA, FL 33130

Current Mailing Address:

20900 NE 30TH AVE
STE 830
AVENTURA, FL 33130 US

FEI Number: 83-3235008

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTIAN, MARC
20900 NE 30TH AVE
STE 830
AVENTURA, FL 33130 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 MGR
Name BBC GX GROUP, LLC
Address 20900 NE 30TH AVE
City-State-Zip: AVENTURA FL 33130

Title MGR
Name COALITION CAPITAL PARTNERS, LLC
Address 20900 NE 30TH AVE
City-State-Zip: AVENTURA FL 33130

Title AMBR
Name AJGX GROUP INC
Address 20900 NE 30TH AVE
STE 830
City-State-Zip: AVENTURA FL 33130

Title AMBR
Name NSN PRODUCTIONS INC
Address 10709 NW 40TH ST
City-State-Zip: SUNRISE FL 33351

Title AMBR
Name MORENI GX INVESTMENTS, LLC
Address 185 SW 7TH ST
STE 4005
City-State-Zip: MIAMI FL 33130

Title AMBR
Name BX INNOVATIONS, INC
Address 13212 SW 52ND ST MIRAMAR, FL
33027
City-State-Zip: MIRAMAR FL 33027

Title AMBR
Name GENX CARNIVAL INC.
Address 20900 NE 30TH AVE
STE 830
City-State-Zip: AVENTURA FL 33130

Title AMBR
Name PROGRESSIVE COLLECTIVE
CORPORATION
Address 403 SAINT MARKS AVE
#C
City-State-Zip: BROOKLYN NY 11238

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: BBC GX GROUP, LLC

MGR

02/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date