

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003512

Entity Name: IDEAL IMAGE GROUP INC.**Current Principal Place of Business:**1 NORTH DALE MABRY HWY, SUITE 1200
TAMPA, FL**Current Mailing Address:**1 NORTH DALE MABRY HWY, SUITE 1200
TAMPA, FL US**FEI Number:** 20-4852227**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STROTHMAN, NICOLE D
4830 W KENNEDY BLVD.
STE 440
TAMPA, FL 33609 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

Officer/Director Detail :

Title CEO, DIRECTOR
Name PROKUPEK, DAVID
Address ONE NORTH DALE MABRY HIGHWAY
SUITE 1200
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name MAGLICANO, MARC
Address ONE NORTH DALE MABRY HIGHWAY
SUITE 1200
City-State-Zip: TAMPA FL 33609

Title GENERAL COUNSEL, SECRETARY
Name STROTHMAN, NICOLE
Address ONE NORTH DALE MABRY HIGHWAY
SUITE 1200
City-State-Zip: TAMPA FL 33609

Title CHIEF DEVELOPMENT OFFICER
Name CASEY, KEVIN
Address ONE NORTH DALE MABRY HIGHWAY
SUITE 1200
City-State-Zip: TAMPA FL 33609

Title DIRECTOR
Name HASIBA, ADAM
Address 1 NORTH DALE MABRY HWY, SUITE
1200
City-State-Zip: TAMPA FL

Title DIRECTOR
Name MORRIS, BRENDA
Address 1 NORTH DALE MABRY HWY, SUITE
1200
City-State-Zip: TAMPA FL

Title DIRECTOR
Name GREENWALD, REBECCA
Address 1 NORTH DALE MABRY HWY, SUITE
1200
City-State-Zip: TAMPA FL

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: NICOLE STROTHMANGENERAL COUNSEL, 08/12/2022
SECRETARY, BY LAUREN
DUEMIG, ATTORNEY-IN-
FACT

Electronic Signature of Signing Officer/Director Detail

Date

