

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003512

Entity Name: IDEAL IMAGE DEVELOPMENT (DELAWARE), INC.**Current Principal Place of Business:**4830 W KENNEDY BLVD
SUITE 440
TAMPA, FL 33609**Current Mailing Address:**4830 W KENNEDY BLVD
SUITE 440
TAMPA, FL 33609**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
Name	FLUXMAN, LEONARD
Address	4830 W KENNEDY BLVD STE 440
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT
Name	FABEL, BRUCE
Address	4830 W KENNEDY BLVD STE 440
City-State-Zip:	TAMPA FL 33609

Title	EXECUTIVE VICE PRESIDENT, CFO
Name	LAZARUS, STEPHEN
Address	4830 W KENNEDY BLVD STE 440
City-State-Zip:	TAMPA FL 33609

Title	EXECUTIVE VICE PRESIDENT, SECRETARY
Name	BOEHM, ROBERT
Address	4830 W KENNEDY BLVD STE 440
City-State-Zip:	TAMPA FL 33609

Title	VP, CHIEF ADMINISTRATIVE OFFICER
Name	LAZAR, ROB
Address	4830 W KENNEDY BLVD STE 440
City-State-Zip:	TAMPA FL 33609

Title	GENERAL COUNSEL, ASSISTANT SECRETARY
Name	STROTHMAN, NICOLE
Address	4830 W KENNEDY BLVD SUITE 440
City-State-Zip:	TAMPA FL 33609

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: ROBERT BOEHM**DONNA HARRISON,
ATTORNEY IN FACT****03/17/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date