

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63740

Entity Name: ON-BOARD MEDIA, INC.**Current Principal Place of Business:**8400 NW 36 STREET STE 520
DORAL, FL 33166**Current Mailing Address:**8400 NW 36 STREET STE 520
DORAL, FL 33166 US**FEI Number:** 65-0197349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name FIRESTONE, LOUISE
Address 19 EAST 57TH STREET
FIFTH FLOOR
City-State-Zip: NEW YORK NY 10022

Title SVP, CFO AND TREASURER
Name DARRICAU, FRANCOIS
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name BRENNAN, EDWARD J
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MELWANI, ANISH
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title PRESIDENT & CEO
Name BAUER, LISA
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name DARRICAU, FRANCOIS
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name BAUER, LISA
Address 8400 NW 36 STREET
SUITE 600
City-State-Zip: DORAL FL 33166

Title GENERAL MANAGER
Name MEISTER, JEFFREY
Address 8400 NW 36 STREET
SUITE 520
City-State-Zip: DORAL FL 33166

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: LOUISE FIRESTONE**SECRETARY****01/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date