

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075352

Entity Name: SOCIAL NEWS DESK, INC.

Current Principal Place of Business:

550 W. LAFAYETTE BLVD.
DETROIT, MI 48226

Current Mailing Address:

550 W. LAFAYETTE BLVD.
DETROIT, MI 48226 US

FEI Number: 27-3890262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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 ASSISTANT TREASURER
Name GREISLER, MATTHEW
Address 1300 17TH STREET N., SUITE 1700
City-State-Zip: ARLINGTON VA 22209

Title VICE PRESIDENT/TAX
Name KUMMER, CHERIE
Address 1300 17TH N ST
1300 17TH N ST, SUITE 1700
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name BADALAMENTE, CATHERINE
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

Title CEO
Name BADALAMENTE, CATHERINE
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

Title VICE PRESIDENT AND GENERAL
MANAGER
Name KING, AARON
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

Title DIRECTOR
Name MADDREY, NICOLE
Address 1300 17TH STREET NORTH
SUITE 1700
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name SCHMID WHITING, HEIDI
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

Title SECRETARY
Name SCHMID WHITING, HEIDI
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

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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: KIMBERLY PARKER

TREASURER

04/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COONEY, WALLACE
Address 1300 17TH STREET N., SUITE 1700
City-State-Zip: ARLINGTON VA 22209

Title DIRECTOR
Name PARKER, KIMBERLY
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226

Title TREASURER
Name PARKER, KIMBERLY
Address 550 W. LAFAYETTE BLVD.
City-State-Zip: DETROIT MI 48226