

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075352

**FILED**  
**May 12, 2020**  
**Secretary of State**  
**7043129227CC**

**Entity Name:** SOCIAL NEWS DESK, INC.

**Current Principal Place of Business:**

40 PARK LANE NE  
ATLANTA, GA 30309

**Current Mailing Address:**

40 PARK LANE NE  
ATLANTA, GA 30309 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 VICE PRESIDENT OF CLIENT STRATEGY  
Name DEFOE, ELISA  
Address 5168 NW 58TH STREET  
City-State-Zip: GAINESVILLE FL 32653

Title PRESIDENT  
Name WILSON, KIMBERLY  
Address 40 PARK LANE NE  
City-State-Zip: ATLANTA GA 30309

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

Title VICE PRESIDENT/TAX  
Name KUMMER, CHERIE  
Address 40 PARK LANE NE  
City-State-Zip: ATLANTA GA 30309

Title ASSISTANT TREASURER  
Name GREISLER, MATTHEW  
Address 1300 17TH STREET N., SUITE 1700  
City-State-Zip: ARLINGTON VA 22209

Title VP, GENERAL COUNSEL & SECRETARY  
Name SCHMID WHITING, HEIDI  
Address 161 N. CLARK STREET SUITE 2900  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name SCHMID WHITING, HEIDI  
Address 161 N. CLARK STREET SUITE 2900  
City-State-Zip: CHICAGO IL 60601

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

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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:** KIM PARKER

**TREASURER**

**05/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CEO  
Name BARR, EMILY  
Address 161 NORTH CLARK STREET  
SUITE 2900  
City-State-Zip: CHICAGO IL 60601

Title TREASURER  
Name PARKER, KIM  
Address 40 PARK LANE NE  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name BARR, EMILY  
Address 161 NORTH CLARK STREET  
SUITE 2900  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name PARKER, KIM  
Address 40 PARK LANE NE  
City-State-Zip: ATLANTA GA 30309