

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075352

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

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

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

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

Title TREASURER
Name ETIENNE, MARCIA
Address 161 N. CLARK STREET
SUITE 2900
City-State-Zip: CHICAGO IL 60601

Title VP
Name DEFOE, ELISA
Address 5168 NW 58TH STREET
City-State-Zip: GAINESVILLE FL 32653

Title PRESIDENT
Name WILSON, KIMBERLY
Address 5168 NW 58TH STREET
City-State-Zip: GAINESVILLE FL 32653

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

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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: MARCIA ETIENNE**TREASURER****04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. TREASURER
Name LYNCH, DANIEL
Address 1300 17TH STREET N., SUITE 1700
City-State-Zip: ARLINGTON VA 22209

Title ASSISTANT SECRETARY
Name COONEY, WALLACE
Address 1300 17TH STREET NORTH
 SUITE 1700
City-State-Zip: ARLINGTON VA 22209