

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001050

**Entity Name:** KABOOM!, INC.

**Current Principal Place of Business:**

7200 WISCONSIN AVE STE 400  
SUITE ML-1  
BETHESDA, MD 20814

**Current Mailing Address:**

7200 WISCONSIN AVE STE 400  
SUITE ML-1  
BETHESDA, MD 20814 US

**FEI Number:** 52-1970904

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORTHWEST REGISTERED AGENT, LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 VP  
Name CARDICHON, CARLYNE  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT  
Name RATLIFF, LYSA  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

Title TREASURER  
Name MEGAS, GEORGE T.  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

Title DIRECTOR  
Name ARATEN, MICHAEL  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

Title CHAIR  
Name ROSS, LYNN M  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

Title VICE CHAIR  
Name MANTEGHI, LADAN  
Address 7200 WISCONSIN AVE STE 400  
SUITE ML-1  
City-State-Zip: BETHESDA MD 20814

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLYNE CARDICHON

**VICE PRESIDENT**

**02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date