

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002050

**Entity Name:** TNTP (DELAWARE), INC.

**Current Principal Place of Business:**

500 SEVENTH AVENUE  
8TH FLOOR  
NEW YORK, NY 10018

**FILED**  
**Apr 24, 2022**  
**Secretary of State**  
**8594161907CC**

**Current Mailing Address:**

500 SEVENTH AVENUE  
8TH FLOOR  
NEW YORK, NY 10018 US

**FEI Number: 13-3850158**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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  
Name GLICKMAN, MATT  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title CEO, DIRECTOR  
Name WEISBERG, DANIEL  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name AVILA, LUIS  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name PASTOREK, PAUL  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name BIERLY, CHRIS  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name TUHY, JENNIFER  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name HOWE, DAVID  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title SECRETARY, GENERAL COUNSEL  
Name CHAPIN, FLORENCE  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

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

**SIGNATURE: FLORENCE CHAPIN**

**SECRETARY**

**04/24/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POMPA, DELIA  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title EXECUTIVE VICE PRESIDENT  
Name HORTON, TONYA  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name DAVIS, VINICE  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name FERNANDEZ, TINA  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018

Title DIRECTOR  
Name EL-MEKKI, SHARIF  
Address 500 SEVENTH AVENUE  
8TH FLOOR  
City-State-Zip: NEW YORK NY 10018