

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006805

Entity Name: ZEARN, INC.**Current Principal Place of Business:**421 8TH AVENUE #20
NEW YORK, NY 10116**Current Mailing Address:**PO BOX 20
NEW YORK, NY 10116 US**FEI Number:** 37-1665745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
Name ROBBINS, LARRY
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name SALTZMAN, DAVID
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name SHARMA, SHALINEE
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title CHAIRMAN OF THE BOARD
Name ATKINS, NORMAN
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name WURTZEL, JUDY
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name SEHRA, SHRUTI
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name EUBANKS, AIMEE
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title PRESIDENT/CEO
Name SHARMA, SHALINEE
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

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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: SHALINEE SHARMA

PRESIDENT/CEO

04/11/2024

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAILEY, JOHN
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name COOK, ANDY
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name NARECHANIA, KUNJAN
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name LIVINGSTON, JEFF
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name GUNN, GREG
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR
Name LEVIN, DAVE
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title TREASURER
Name NARECHANIA, KUNJAN
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116

Title SECRETARY
Name NARECHANIA, KUNJAN
Address 421 8TH AVENUE #20
City-State-Zip: NEW YORK NY 10116