

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

DOCUMENT# F22000005163

**Entity Name:** CAPITAL B NEWS, INC.**Current Principal Place of Business:**209 W 29TH STREET, SUITE #107  
NEW YORK, NY 10001**Current Mailing Address:**209 W 29TH STREET, SUITE #107  
NEW YORK, NY 10001 US**FEI Number:** 85-3905902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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, PRESIDENT  
Name WILLIAMS, LAUREN  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR, FINANCE CHAIR  
Name JOHNSON, MAURISSE  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name COOKE, MARSHA  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR, SECRETARY,  
TREASURER  
Name OFORI-ATTA, AKOTO  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name BERMAN, SARABETH  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR  
Name THOMPSON, MATT  
Address 209 W 29TH STREET, SUITE #107  
City-State-Zip: NEW YORK NY 10001

*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:** LAUREN WILLIAMS**PRESIDENT****01/16/2024**

Electronic Signature of Signing Officer/Director Detail

Date