

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003879

Entity Name: GONOODLE, INC.**Current Principal Place of Business:**209 10TH AVENUE SOUTH
SUITE 517
NASHVILLE, TN 37203**Current Mailing Address:**209 10TH AVENUE SOUTH
SUITE 517
NASHVILLE, TN 37203 US**FEI Number:** 20-3456491**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 KC, ESTENSON
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title CEO
Name PETE , PERIALAS
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name STEENROD, WRIGHT
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title SECRETARY
Name BADALAMENTI, ALEXANDRA
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name NELSON, ED
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name DICKEY, SCOTT
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name HALL-BARROW, JULIE
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name NENON, ED
Address 209 10TH AVENUE SOUTH
SUITE 517
City-State-Zip: NASHVILLE TN 37203

Continues on page 2

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: ALEXANDRA BADALAMENTI**SECRETARY****04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WRIGHT , STEENROD
Address 209 10TH STREET SOUTH
 SUITE 517
City-State-Zip: NASHVILLE TN 37203

Title DIRECTOR
Name LINDSEY , TYRA
Address 209 10TH STREET SOUTH
 SUITE 517
City-State-Zip: NASHVILLE TN 37203