

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001234

Entity Name: THE ACTION NETWORK, INC.**Current Principal Place of Business:**275 MADISON AVENUE, SUITE 512
NEW YORK, NY 10016**Current Mailing Address:**275 MADISON AVENUE, SUITE 512
NEW YORK, NY 10016 US**FEI Number: 82-2411355****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 PRESIDENT & DIRECTOR
Name KEANE, PATRICK
Address 275 MADISON AVENUE, SUITE 512
City-State-Zip: NEW YORK NY 10016

Title TREASURER & SECRETARY
Name BETTS, MELISSA
Address 275 MADISON AVENUE, SUITE 512
City-State-Zip: NEW YORK NY 10016

Title DIRECTOR
Name JACOBS, JESSE
Address 12180 MILLENNIUM DR, STE. 500
City-State-Zip: PLAYA VISTA CA 90094

Title DIRECTOR
Name KERNS, MIKE
Address 575 MARKET STREET, SUITE 2725
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name MEAD, BRIAN
Address 575 MARKET STREET, SUITE 2725
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name KAMAL, MARK
Address 575 MARKET STREET, SUITE 2725
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name FERTITTA JR., LORENZO
Address 10801 W. CHARLESTON BLVD., SUITE
600
City-State-Zip: LAS VEGAS NV 89135

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: MELISSA BETTS**TREASURER &
SECRETARY****02/09/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date