

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001210

Entity Name: EDUCATIONAL MEDIA FOUNDATION INCORPORATED**Current Principal Place of Business:**5700 WEST OAKS BLVD
ROCKLIN, CA 95765**Current Mailing Address:**5700 WEST OAKS BLVD
ROCKLIN, CA 95765**FEI Number:** 94-2816342**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 CFO, TREASURER
Name REYNOLDS, MATT
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title ASST. TREASURER
Name HICKEY, KENDRA
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name BRANNON, MARK
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title CEO, DIRECTOR
Name WOODS, TODD
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title SECRETARY
Name MYERS, SUSAN
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR
Name BARNHART, MITCH
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR, VC
Name SHIRER, JERRY
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

Title DIRECTOR, CHAIRMAN
Name STULTZ, TOM
Address 5700 WEST OAKS BLVD
City-State-Zip: ROCKLIN CA 95765

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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: MATT REYNOLDS**CFO, TREASURER****04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|---------------------|
| Title | ASST. SECRETARY |
| Name | MCKEAN, RORY |
| Address | 5700 WEST OAKS BLVD |
| City-State-Zip: | ROCKLIN CA 95765 |