

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000005089

**Entity Name:** NATIONAL ACADEMY OF RECORDING ARTS & SCIENCES, INC.

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**5287827410CC**

**Current Principal Place of Business:**

3030 OLYMPIC BLVD  
SANTA MONICA, CA 90404

**Current Mailing Address:**

3030 OLYMPIC BLVD  
SANTA MONICA, CA 90404 US

**FEI Number: 95-6052058**

**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            PRESIDENT, CEO, DIRECTOR  
Name            MASON, HARVEY JR.  
Address        3030 OLYMPIC BLVD  
City-State-Zip: SANTA MONICA CA 90404

Title            CFO  
Name            ZAHNER, WAYNE  
Address        3030 OLYMPIC BLVD  
City-State-Zip: SANTA MONICA CA 90404

Title            DIRECTOR  
Name            ZAHNER, WAYNE  
Address        3030 OLYMPIC BLVD  
City-State-Zip: SANTA MONICA CA 90404

Title            SECRETARY  
Name            MECKELBORG, ANN  
Address        3030 OLYMPIC BLVD  
City-State-Zip: SANTA MONICA CA 90404

Title            DIRECTOR  
Name            MECKELBORG, ANN  
Address        3030 OLYMPIC BLVD  
City-State-Zip: SANTA MONICA CA 90404

*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: ANN MECKELBORG**

**SECRETARY**

**03/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date