

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006805

Entity Name: ZEARN, INC.

**Current Principal Place of Business:**

421 8TH AVENUE #20  
NEW YORK, NY 10116

**Current Mailing Address:**

PO BOX 20  
NEW YORK, NY 10116 US

FEI Number: 37-1665745

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 CHAIRMAN  
Name ATKINS, NORMAN  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR, PRESIDENT, CEO  
Name SHARMA, SHALINEE  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name LEVIN, DAVE  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name BAILEY, JOHN  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name COOK, ANDY  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name EUBANKS, AIMEE  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name GUNN, GREG  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name ROBBINS, LARRY  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

**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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: SHALINEE SHARMA

PRESIDENT

04/27/2023

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SALTZMAN, DAVID  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name WURTZEL, JUDY  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name LIVINGSTON , JEFF  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR  
Name SEHRA, SHRUTI  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116

Title DIRECTOR, SECRETARY,  
TREASURER  
Name NARECHANIA, KUNJAN  
Address 421 8TH AVENUE #20  
City-State-Zip: NEW YORK NY 10116