

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004198

Entity Name: 100CAMERAS, INC.

Current Principal Place of Business:

2304 NOTLEY CT
TALLAHASSEE, FL 32309

Current Mailing Address:

601
W 26TH ST SUITE 325-211
NEW YORK , NY 10001 US

FEI Number: 26-4692506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POPPLEWELL, ANGELA F
2304 NOTLEY CT
TALLAHASSEE, FL 32309 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: ANGELA F POPPLEWELL

04/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name POPPLEWELL, ANGELA F
Address 305 HICKS STREET
APT 4
City-State-Zip: BROOKLYN NY 11201

Title DIR
Name CRULL, DAYNAN
Address 610 WEST 110TH STREET
APT 7A
City-State-Zip: NEW YORK NY 10025

Title DIR
Name SCHENDEL, EMILY
Address 311 BOWIE STREET
APT 1008
City-State-Zip: AUSTIN TX 78703

Title DIRECTOR
Name LELAND, KAREN
Address 60 WEST 66TH STREET
APT 28D
City-State-Zip: NY NY 10023

Title DIRECTOR
Name HART, JONATHAN
Address 125 W. 122ND ST.
APT 1
City-State-Zip: NEW YORK NY 10027

Title DIRECTOR
Name MCKNIGHT, JOSEPH
Address 56 THOMAS STREET
APT 5
City-State-Zip: NEW YORK NY 10013

Title DIRECTOR
Name LAMSON, BEN
Address 195 QUINCY ST
APT 3A
City-State-Zip: BROOKLYN NY 11216

Title DIRECTOR
Name POPPLEWELL, TY
Address 305 HICKS STREET
APT 4
City-State-Zip: BROOKLYN NY 11201

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: ANGELA F POPPLEWELL

CO-FOUNDER,
EXECUTIVE DIRECTOR

04/15/2018

Electronic Signature of Signing Officer/Director Detail

Date