

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004198

Entity Name: 100CAMERAS, INC.

Current Principal Place of Business:

1711 LINDEN AVENUE
NASHVILLE, TN 37212

FILED
Apr 01, 2024
Secretary of State
8055184845CC

Current Mailing Address:

40 W 51ST STREET #4876
NEW YORK, NY 10020 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

04/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POPPLEWELL, ANGELA
Address 1711 LINDEN AVENUE
City-State-Zip: NASHVILLE TN 37212

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

Title DIRECTOR
Name SCHENDEL, EMILY
Address 210 WEST 78TH STREET
APT 3D
City-State-Zip: NEW YORK NY 10024

Title DIRECTOR
Name LELAND, KAREN
Address PO BOX 14349
City-State-Zip: SOUTH LAKE TAHOE CA 96151

Title DIRECTOR
Name HART, JONATHAN
Address 100 W. 73RD ST.
#2D
City-State-Zip: NEW YORK NY 10023

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

Title DIRECTOR
Name POPPLEWELL, TY
Address 1711 LINDEN AVENUE
City-State-Zip: NASHVILLE TN 37212

Title DIRECTOR
Name BARRAU, KORALIE
Address 323 E 92ND ST
#5A
City-State-Zip: NEW YORK NY 10128

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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: ANGELA POPPLEWELL

CEO

04/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name THOMAS, AL
Address 2541 S. INTERSTATE 35
 SUITE 200-273
City-State-Zip: ROUND ROCK TX 78664