

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004198

**Entity Name:** 100CAMERAS, INC.

**Current Principal Place of Business:**

9360 SW 140TH STREET  
MIAMI, FL 33176

**Current Mailing Address:**

305 HICKS STREET  
#4  
BROOKLYN, NY 11202 US

**FEI Number:** 26-4692506

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BULLOCK, ANGELA F  
9360 SW 140TH STREET  
MIAMI, FL 33176 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            DIR  
Name            SCHENDEL, EMILY A  
Address        37 WEST 76TH ST., APT. 4F  
City-State-Zip: NEW YORK NY 10023

Title            OFF  
Name            BULLOCK, ANGELA F  
Address        37 WEST 76TH ST., APT. 4F  
City-State-Zip: NEW YORK NY 10023

Title            OFF  
Name            REYNOLDS, KELLY E  
Address        119 EAST 96TH ST., APT. 8  
City-State-Zip: NEW YORK NY 10128

Title            DIR  
Name            AIKEN, CLAUDE T  
Address        3512 GUNSTON ROAD  
City-State-Zip: ALEXANDRIA VA 22302

Title            DIR  
Name            CRULL, DAYNAN  
Address        69 CLINTON STREET, APT. 3B  
City-State-Zip: NEW YORK NY 10002

Title            DIR  
Name            HART, JONATHAN  
Address        297 WEST 112TH ST., APT. 5C  
City-State-Zip: NEW YORK NY 10026

*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:** EMILY SCHENDEL

**DIRECTOR**

**05/12/2014**

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

\_\_\_\_\_  
Date