2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000004686

1. Entity Name
DUSK TILL DAWN ENTERTAINMENT, INC.

08 SEP 16 PM 3:50
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
83 SOUTH PUTT CORNERS ROAD NEW PALTZ, NY 12561	83 SOUTH PUTT CORNERS ROAD NEW PALTZ, NY 12561

09082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
54 Grand Street Suite, Apt. #, etc.	54 Grand Street Suite, Apt. #, etc.
City & State: Newburgh, NY	City & State: Newburgh, NY
Zip: 12550 Country: USA	Zip: 12550 Country: USA

4. FEI Number: 33-1130283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMAS, JOSEPH I 1224 WASHINGTON AVENUE MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMBERT, DAWN 83 SOUTH PUTT CORNERS ROAD NEW PALTZ, NY 12561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 54 Grand Street Newburgh, NY 12550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBERT, NICHOLAS 83 SOUTH PUTT CORNERS ROAD NEW PALTZ, NY 12561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 54 Grand Street Newburgh, NY 12550
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000135973230 09/16/08--01032--010 **550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dawn Lambert 9/10/08 (845) 569-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/16 aw