

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004198

Entity Name: 100CAMERAS, INC.**Current Principal Place of Business:**601 W 26TH STREET
SUITE 325-211
NEW YORK CITY, NY 10001**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

04/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name POPPLEWELL, ANGELA FRANCINE
Address 9 E 62ND STREET
SUITE 4 APT 4
City-State-Zip: NEW YORK NY 10065

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 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 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 LAMSON, BEN
Address 3365 IRONGATE CT
City-State-Zip: KALAMAZOO MI 49009

Title DIRECTOR
Name POPPLEWELL, TY
Address 9 E 62ND STREET
APT 4
City-State-Zip: NEW YORK NY 10065

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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

CO-FOUNDER/CEO

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SITAR, ANNMARIE
Address	2815 34TH STREET APT.5E
City-State-Zip:	ASTORIA NY 11103