

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000004686

1. Entity Name
DUSK TILL DAWN ENTERTAINMENT, INC.



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

Mailing Address
83 SOUTH PUTT CORNERS ROAD
NEW PALTZ, NY 12561

2. Principal Place of Business - No P.O. Box #
54 Grand Street
Suite, Apt. #, etc.

3. Mailing Address
54 Grand Street
Suite, Apt. #, etc.

City & State
Newburgh, NY

City & State
Newburgh, NY

Zip Country
12550 USA

Zip Country
12550 USA

09082008 Chg-P CR2E034 (12/06)



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

EMAS, JOSEPH I
1224 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, DAWN	
STREET ADDRESS	83 SOUTH PUTT CORNERS ROAD	
CITY-ST-ZIP	NEW PALTZ, NY 12561	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERT, NICHOLAS	
STREET ADDRESS	83 SOUTH PUTT CORNERS ROAD	
CITY-ST-ZIP	NEW PALTZ, NY 12561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	54 Grand Street
CITY-ST-ZIP	Newburgh, NY 12550
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	54 Grand Street
CITY-ST-ZIP	Newburgh, NY 12550
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000135973230
CITY-ST-ZIP	09/16/08--01032--010 **550.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08 (845) 569-4400
Date Daytime Phone #

9/16/08