


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000029451 1. Entity Name FOUNDATION FILMWORKS, INC.			
Principal Place of Business 83 SOUTH PUTT CORNERS ROAD NEW PLATZ, NY 12561		Mailing Address 83 SOUTH PUTT CORNERS ROAD NEW PLATZ, 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 Zip 12550		City & State Newburgh, NY Zip 12550	
Country USA		Country USA	
4. FEI Number 72-1612921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PLATZ, NY 12561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 54 Grand Street Newburgh, NY 12550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, NICHOLAS 83 SOUTH PUTT CORNERS ROAD NEW PLATZ, NY 12561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 54 Grand Street Newburgh, NY 12550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 100135973221 09/16/08--01032--008 **\$550.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dawn Lambert</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9/10/08 (845)569-4400 <small>Date Daytime Phone #</small>	

9/16/08