FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91188 027 ***150.00

B0123873

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DOCUMENT # P00000058552

1. Entity Name
NetAdventures, Inc.

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2. Principal Place of Business	3. Mailing Address
4870 N. Citation Dr.	4870 N. Citation Dr.
Suite, Apt #, etc. #106	Suite, Apt #, etc. #106
City & State: Delray Beach, Florida	City & State: Delray Beach, FL
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. FEI Number 65-1015022 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jared Kallen
Street Address (P.O. Box Number is Not Acceptable): 4870 N. Citation Dr. #106
City: Delray Beach **FL** Zip Code: 33445

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.

SIGNATURE [signature] Jared Kallen, President 5/10/02
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — Date

9. This corporation is eligible to satisfy its Intangible Tax Filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jared Kallen
STREET ADDRESS	4870 N. Citation Dr. #106
CITY-ST-ZIP	Delray Beach FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Jared Kallen President 5/10/02 561-702-6181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #