

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90422 006 ***150.00

DOCUMENT # P97000099632

1. Entity Name

INTERNET HORSE RACING GAME, INC.



DO NOT WRITE IN THIS SPACE

94063962

2. Principal Place of Business
240 BANYAN ROAD

Suite, Apt. #, etc.

3. Mailing Address
240 BANYAN ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH, FL

City & State
PALM BEACH, FL

4. FEI Number
65-0799093

Applied For
Not Applicable

Zip
33480

Country

Zip
33480

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VALDES-FAULT CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
777 S FLAGLER DRIVE

SUITE 500E

City
WEST PALM BEACH

FL

Zip Code
33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
WILLIAM J. CONDREN
240 BANYAN ROAD
PALM BEACH, FL 33480

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Condren

PRESIDENT

4/20/2004

(561) 832-7566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)