

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90306 048 \*\*\*158.75

DOCUMENT # **P99000022158**

1. Entity Name

**Internet Recreation, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**24 Locust Street**

Suite, Apt. #, etc.

3. Mailing Address

**24 Locust Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Quithman Arkansas**

City & State

**Quithman Arkansas**

4. FEI Number

**650939305**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Brenda Lee Hamilton**

Street Address (P.O. Box Number is Not Acceptable) **2 E. Camino Real**

**Suite 202**

City **Boca Raton FL**

Zip Code **33432**

**DO NOT WRITE  
IN THIS SPACE**

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 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. ☐

**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  
NAME **Kathleen Hackler**  
STREET ADDRESS **24 Locust Street**  
CITY-ST-ZIP **Quithman, Arkansas 72131**

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IN THIS SPACE**

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:

**Kathleen Hackler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kathleen Hackler**

**President**

Date

**4/14/03 501-589-2362**

Daytime Phone #

CR2E034B (12/01)