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(Business Entity Name)				
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SECRETARY OF STUTI

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: NTN SOFTWARE SOLUTIONS, INC.						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
DAVID JOHNSON						
(Name of Person)						
NTN SOFTWARE SOLUTIONS, INC.						
(Firm/Company)						
5966 LA PLACE COURT, SUITE 100						
(Address)						
CARLSBAD, CA 92008						
(City/State and Zip code)						
For further information concerning this matter, please call:						
DAVID JOHNSON at (760) 929-5255						
(Name of Person) (Area Code & Daytime Telephone Number)						
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
▼ \$70.00 Filing Fee						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPÖRATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
	out, and out a contr.)		
NTN Hospitali	ly Technologies		
(If parne unavai	lable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busine	ss in Florida)
2. DELAWARE		3. 56-2377127	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4, July 16, 2003		5. PERPETUAL	
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")
6. August 4, 200			
		ess in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	·
7 803 STADIUM	WAY, #109, ARLINGTON, TX 76011	. , ,	SE B
(<u> </u>	(Principal office address)		
5966 LA PLAC	E COURT, SUITE 100 , Caxles	had la grans	\$7 B
	(Current mailing		- <u> </u>
			ם יי
D	laurant Software		- 12 2 - 12 - 1
		or country to be carried out in state of Florida)	学 2
9. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)	-
Name:	CT Corporation System		
Office Address:	1200 South Pine Island Road	ACCOUNTY OF A PARTICULAR OF THE SECOND OF TH	<u>.</u> .
	Plantation	, Florida Stan Kinsey	
	(City)	(Zip code)	
A Domintered a	gent's acceptance:	•	
		ervice of process for the above stated corport	ation at the place
		intment as registered agent and agree to act is relative to the proper and complete perfor	
	with and accept the obligations of my		mance of my autie
	/ 1 A		
	Just 3	1 NATAO	
	4701	04440	
	(Registered agent's signatu	πe)	

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors;

A. DIRECTORS	
Chairman: Stan Kinsey	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	<u>.</u>
Vice Chairman:	
Address:	<u> </u>
Director: Mark De Gorter	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	
Director: James Frakes	
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B. OFFICERS	ARY XSS
President: Mark De Gorter	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	La Contraction of the Contractio
	<u> </u>
Vice President: Stan Kinsey	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	
	<u> </u>
Secretary: James Frakes	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	and the second s
Treasurer: James Frakes	
Address: 5966 La Place Court, Suite 100, Carlsbad, CA 92008	<u> </u>
NOTE: If necessary, you may attach an addendum to the application	listing additional officers and/or directors.
13	10 Cd
(Signature of Director or Officer listed in numb	er 12 of the application)
14. James Frakes, Treasurer/Secretary (Typed or printed name and capacity of perso	on signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NTN SOFTWARE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2004.

TOTAL SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 3287704

DATE: 08-10-04

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