

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000004563

1. Corporation Name

NTN BUZZTIME, INC.

2. Principal Office Address - No P.O. Box #

5966 LA PLACE COURT

Suite, Apt. #, etc.

100

City & State

CARLSBAD, CA

Zip

92008

Country

USA

3. Mailing Office Address

5966 LA PLACE COURT

Suite, Apt. #, etc.

100

City & State

CARLSBAD, CA

Zip

92008

Country

USA

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

31-1103425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc

City

PLANATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Burke

Barbara A. Burke

Special Assistant Secretary

Date 12-7-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	TERRY BATEMAN	5966 LA PLACE COURT, 100	CARLSBAD, CA 92008
CFO	KENDRA BERGER	5966 LA PLACE COURT, 100	CARLSBAD, CA 92008
COO	KENNETH KEYMER	5966 LA PLACE COURT, 100	CARLSBAD, CA 92008
VP	PETER BOYLAN	5966 LA PLACE COURT, 100	CARLSBAD, CA 92008
VP	NICK GLASSMAN	5966 LA PLACE COURT, 100	CARLSBAD, CA 92008

10. E-mail Address: DJOHNSON@NTN.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Barbara A. Burke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/09

760-929-5255

Daytime Phone #

12/16