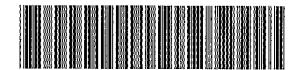
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY CASSAIE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations	-
SUBJECT: Amateur Poker Teague, Tho.	
(Name of corporat	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
	n Riley
(Name	of Person)
Amateur Poker League, Inc.	
(Firm/C	Company)
900 George Washington Blvd.	
	dress)
Wichita, KS 67211-3905	-
	e and Zip code)
For further information concerning this matter, please	call:
C. Shawn Riley at (316	
(Name of Person) (Area	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



RECEIVED

06 FEB 27 AM 7: 30

FLORIDA DEPARTMENT OF STATE Division of Corporations

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL ALLESSEE FLORIDA

February 16, 2006

C SHAWN RILEY AMATEUR POKER LEAGUE, INC. 900 GEORGE WASHINGTON BLVD WICHITA, KS 67211-3905

SUBJECT: AMATEUR POKER LEAGUE, INC.

Ref. Number: W06000007689

We have received your document for AMATEUR POKER LEAGUE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist

Letter Number: 806A00011237

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 CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ine," "Co.," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Karesas 3. <u>90-0133847</u>
2. Recrease 3. 90-0133847 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4, 1/21/04 5,
4. 1/21/04 5. (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 2/2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 900 George Washington Blvd., Wichita, NS 67211-3905
(Principal office address)
(Current mailing address)
8. Entertainment Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Legal Zoom Nevada, Inc.
Office Address: 44W. Flagler St. Suite 675 Miami , Florida 33/30 (City) (Zip code)
Miami Florida 33/30 SF 9
(City) (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du and I am familiar with and accept the obligations of my position as registered agent.
and I am Jaminia with and accept the obligations of my position as registered agent.
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application

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: _ Vice Chairman: Address: __ Director: Address: _ **B. OFFICERS** President: C. Shown Riley Address: 3025 Menlo, Wichita, KS 67211 Vice President: Kut R. McPhail Address: ______15 Colonial Ct., Fastborough, KS 67207 Secretary: _____ Inis G. Pendo Address: 513 S. Wheatland, Wichita, KS 67235 Treasurer: __ Address: __ __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer-listed in number 12 of the application) 14. C. SHAWN RILEY

(Typed or printed name and capacity of person signing application)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that, according to the records of this office,

AMATEUR POKER LEAGUE, INC. KANSAS FOR PROFIT CORPORATION Business Entity ID Number: 3577541

was filed in this office on January 21, 2004 and has complied with the applicable provisions of the laws of the State of Kansas and on this date is in good standing and authorized to transact business or to conduct its affairs within this state.

Dated: 01/17/2006

For Validation:

Certificate ID: 41216

To validate this certificate, visit the following web site, enter this certificate ID, then follow the instructions displayed.

https://www.accesskansas.org/businessentity/validate.html

Signed:

RON THORNBURGH SECRETARY OF STATE