

Division of Corporations  
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Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**CDM Fantasy Sports Corp.**

Certificate of Status	0
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January 25, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: CDM FANTASY SPORTS CORP.  
REF: W08000004198

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.**

**1. CDM FANTASY SPORTS CORP.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 43-21099-69  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/16/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2008  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 175 Bloor Street, Suite 803, Toronto, ON M4W 3R8  
(Principal office address)  
SAME AS ABOVE  
(Current mailing address)

8. Operation and sale of internet fantasy games and sports products.  
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By:

  
(Registered agent's signature)

Jennifer Sodaro  
Assistant Secretary

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:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**A. DIRECTORS**

Chairman: SEE ATTACHED FORM

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. **STEPHEN TUCKER - TREASURER**

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1      Full Name:                    Stephen Tucker  
         Officer/Director:        Treasurer, Director  
         Officer's Title:  
         Director's Title:        Director  
         Business Address:       c/o FUN Technologies, 230 Richmond St. East, 2<sup>nd</sup> Floor  
         City:                      Toronto  
         State:                      ON  
         ZIP Code:                  M5A 1P4
  
- 2      Full Name:                    James Lanthier  
         Officer/Director:        Secretary  
         Officer's Title:  
         Director's Title:        Director  
         Business Address:       c/o FUN Technologies, 230 Richmond St. East, 2<sup>nd</sup> Floor  
         City:                      Toronto  
         State:                      ON  
         ZIP Code:                  M5A 1P4
  
- 3      Full Name:                    Lorne Abony  
         Officer/Director:        Director  
         Officer's Title:  
         Director's Title:        c/o FUN Technologies, 230 Richmond St. East, 2<sup>nd</sup> Floor  
         Business Address:       Toronto  
         City:                      ON  
         State:                      M5A 1P4  
         ZIP Code:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CDM FANTASY SPORTS CORP." 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



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You may verify this certificate online  
at [corp.delaware.gov/authver.html](http://corp.delaware.gov/authver.html)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6330265

DATE: 01-23-08