


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 25 AM 9:12

**DOCUMENT # M05000004650**

1. Entity Name  
**FANTASY SPORTS ACQUISITION, LLC**



Principal Place of Business  
**C/O CT CORPORATION  
1200 PINE ISLAND ROAD  
PLANTATION, FL 33324**

Mailing Address  
**C/O CT CORPORATION  
1200 PINE ISLAND ROAD  
PLANTATION, FL 33324**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01222007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
**98-0458315**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laufen H. Kretz* **LAUFEN H. KRETZ**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/23/07**

**FILE NOW!!! FEE IS \$100.00**

In accordance with s. 607.183(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABONY, LORNE 175 BLOOR STREET EAST, SOUTH TOWER, #203 TORONTO, ONTARIO, CANADA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/31/07--01049--022 \*\*100.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lorne Abony* **Lorne Abony**  
Signature, typed or printed name of signing managing member, manager, or authorized representative. Date **1/23/07** 416-840-0806