2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000004650 FANTASY SPORTS ACQUISITION, LLC 09 SEP -9 PM 12: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O CT CORPORATION C/O CT CORPORATION 1200 PINE ISLAND ROAD 1200 PINE ISLAND ROAD PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P O Box # 3. Mailing Address 12300 Liberty Blvd 12300 Liberty Blvd Suite, Apt #, etc Suite, Apt. #, etc. 08252009 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 98-0458315 Not Applicable Englewood, CO Englewood._CO Country Zio Country Zip \$5.00 Additional 5. Certificate of Status Desired 80112 USA 80112 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Service Company C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Tallahassee Zip Coa 32301 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 Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$277.50 flability company did not receive the prior notice. Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR Change DILL Oclete TITLE Addition MGRM ABONY, LORNE NAME. NAME CDM Fantasy Sports Corp. STREET ADDRESS 175 BLOOR STREET EAST, SOUTH TOWER, #203 STREET ADDRESS 12300 Liberty Blvd TORONTO, ONTARIO, CANADA, CHY-ST-ZIP CITY-S1 ZIP Englewood, CO 80112 TITLE Delete Change Addition HILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY - ST - ZIP Delete TITLE TITLE ☐ Change Addition NAME NAML .**600160345006** 09/04/09--01003--020 **277.50 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7P 11111 TILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Delete MITE ☐ Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP IDLE ☐ Celete TITLE ☐ Change □ Add I.an NAME -NAME STREET ADDRESS STREET LADORESS CHY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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.

VP/CDM Fantasy Sports Corp.

SIGNATURE: YP/CDM FAILTASY Sports Corp.

8/25/09

720-875-5400

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