


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 SEP -9 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| 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 # 12300 Liberty Blvd | 3. Mailing Address 12300 Liberty Blvd |
| Suite, Apt #, etc | Suite, Apt. #, etc. |

08252009 REIN-LLC CR2E101 (1/07)

| | |
|---|---|
| City & State Englewood, CO Zip 80112 | City & State Englewood, CO Zip 80112 |
| Country USA | Country USA |

| | |
|---|--|
| 4. FEI Number 98-0458315 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street

City
 Tallahassee FL Zip Code
 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

SIGNATURE Kurt Pleuder Kurt Pleuder, Assistant Vice-President 8/25/09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(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 | |
|--|---------------------------------|
| TITLE MGR NAME ABONY, LORNE STREET ADDRESS 175 BLOOR STREET EAST, SOUTH TOWER, #203 CITY-ST-ZIP TORONTO, ONTARIO, CANADA, | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|---|--|
| TITLE MGRM NAME CDM Fantasy Sports Corp. STREET ADDRESS 12300 Liberty Blvd CITY-ST-ZIP Englewood, CO 80112 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 09/04/09--01003--020 **277.50

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: [Signature] VP/CDM Fantasy Sports Corp. 8/25/09 720-875-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #