

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000095241

Entity Name: FANTASY POKER, INC.

**FILED**  
**Sep 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1444 SW 25 WAY  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 50373  
LIGHTHOUSE POINT, FL 33076

**New Mailing Address:**

FEI Number: 65-0513705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLUM, JAMIE  
1444 SW 25 WAY  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BLUM, JAMIE  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33076

Title: D  
Name: BLUM, JAMIE  
Address: PO BOX 50373  
City-St-Zip: LIGHTHOUSE POINT, FL 33076

Title: D  
Name: WILLIAMS, STEVE  
Address: 420 NW 47TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33064

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE BLUM

P

09/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date