

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
NEW JACOR, INC.		09/18/1996	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
Name:	JACOR COMMUNICATIONS, INC.		
Street Address:	200 East Basse Road		
City:	San Antonio		
State/Country:	TEXAS		
Postal Code:	78209		
Entity Type:	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Registration Number:	2338150	PAINT YOUR HEART OUT	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(216)226-8395		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	210-554-5450		
Email:	ipdocket@coxsmith.com		
Correspondent Name:	Pamela B. Huff		
Address Line 1:	112 East Pecan Street, Suite 1800		
Address Line 2:	Cox Smith Matthews Incorporated		
Address Line 4:	San Antonio, TEXAS 78205		
ATTORNEY DOCKET NUMBER:	22187.2		
NAME OF SUBMITTER:	Pamela B. Huff		
Signature:	/pbhuff35901/		
Date:	03/10/2008		

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Total Attachments: 7

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05615-1624



# The State of Ohio

**Bob Taft**

Secretary of State

FL953307

## Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filings; that said records show the filing and recording of: MUL MIS PER

of:

NEW JACOR, INC.

United States of America  
State of Ohio  
Office of the Secretary of State

Recorded on Roll 5615 at Frame 1625 of  
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 18TH day of SEP

A.D. 19 96 .

*Bob Taft*  
Bob Taft  
Secretary of State





Prescribed by  
Bob Taft, Secretary of State  
30 East Broad Street, 14th Floor  
Columbus, Ohio 43266-0418  
Form MER (July 1994)

05615-1625

Approved AP  
Date 9/18/96  
Fee 100.00  
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**CERTIFICATE OF MERGER**

In accordance with the requirements of Ohio law, the undersigned corporations, limited liability companies and/or limited partnerships, desiring to effect a merger, set forth the following facts:

**I. SURVIVING ENTITY**

A. The name of the entity surviving the merger is:

New Jacor, Inc.

(if the surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)

B. Name change: As a result of this merger, the name of the surviving entity has been changed to the following: Jacor Communications, Inc.

only if the name of surviving entity is changing through the merger (complete)

C. The surviving entity is a: *(Please check the appropriate box and fill in the appropriate blanks)*

- Domestic (Ohio) corporation
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/ country of \_\_\_\_\_ and licensed to transact business in the state of Ohio.
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of Delaware, and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) limited liability company
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of \_\_\_\_\_, and registered to do business in the state of Ohio.
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of \_\_\_\_\_, and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) limited partnership, registration number \_\_\_\_\_

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- [ ] Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of \_\_\_\_\_, and registered to do business in the state of Ohio, under registration number \_\_\_\_\_
- { } Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of \_\_\_\_\_, and NOT registered to do business in the state of Ohio.

**II. Merging Entities**

The name, type of entity, and state/country of incorporation or organization, respectively, of each entity, other than the survivor, which is a party to the merger are as follows: (If insufficient space to cover this item, please attach a separate sheet listing the merging entities; Ohio registered or foreign qualified limited partnerships must include registration number)

Name	State/Country of Organization	Type of Entity
Jacor Communications, Inc,	Ohio	corporation (charter no. 546509)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Merger Agreement on File**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Name	Address
R. Christopher Weber Secretary Jacor Communications, Inc.	1300 PNC Center, 201 East Fifth Street (street and number) Cincinnati Ohio 45202 (city, village or township) (state) (zip code)

**IV. Effective Date of Merger**

This merger is to be effective:

On \_\_\_\_\_ (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).

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**V. Merger Authorized**

The laws of the state or country under which each constituent entity exists, permits this merger.

This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so .

**VI. Statutory Agent**

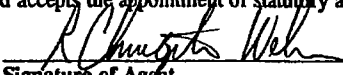
The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

Name	Address
R. Christopher Weber Secretary, Jacor Communications, Inc.	<u>1300 PNC Center, 201 East Fifth Street</u> <small>(complete street address)</small> <u>Cincinnati, Ohio 45202</u> <small>(city, village or township) (zip code)</small>

*(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct or transact business in the State of Ohio)*

**Acceptance of Agent**

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

  
\_\_\_\_\_  
Signature of Agent

*(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name reflected on the Secretary of State's records.)*

**VII. Statement of Merger**

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

**VIII. Amendments**

The articles of incorporation, articles of organization or certificate of limited partnership (strike the inapplicable terms) of the surviving domestic entity herein, are amended as set forth in the attached "Exhibit A"

*(Please note that any amendments to articles of incorporation, articles of organization or to a certificate of limited partnership MUST be attached if the surviving entity is a DOMESTIC corporation, limited liability company, or limited partnership.)*

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**IX. Qualification or Licensure of Foreign Surviving Entity**

A. The listed surviving foreign corporation, limited liability company, or limited partnership desires to transact business in Ohio as a foreign corporation, foreign limited liability company, or foreign limited partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the State of Ohio. The name and complete address of the statutory agent is:

<u>R. Christopher Weber</u>	<u>Jacor Communications, Inc.</u>
(name) Secretary	<u>1300 PNC Center, 201 East Fifth Street</u>
	( street and number)
<u>Cincinnati</u>	<u>, Ohio 45202</u>
(city, village or township)	( zip code)

The subject surviving foreign corporation, limited liability company or limited partnership irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State if the agent cannot be found, if the corporation, limited liability company or limited partnership fails to designate another agent when required to do so, or if the corporation's, limited liability company's, or limited partnership's license or registration to do business in Ohio expires or is cancelled.

**B. The qualifying entity also states as follows: (complete only if applicable)**

**1. Foreign Qualifying Limited Liability Company**  
(If the qualifying entity is a foreign limited liability company, the following information must be completed)

- a. The name of the limited liability company in its state of organization/registration is \_\_\_\_\_
- b. The name under which the limited liability company desires to transact business in Ohio is \_\_\_\_\_
- c. The limited liability company was organized or registered on \_\_\_\_\_ under the laws of the state/country of \_\_\_\_\_  
month day year
- d. The address to which interested persons may direct request for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: \_\_\_\_\_

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2. **Foreign Qualifying Limited Partnership**  
 (If the qualifying entity is a foreign limited partnership, the following information must be completed)

- a. The name of limited partnership is \_\_\_\_\_  
 \_\_\_\_\_
- b. The limited partnership was formed on \_\_\_\_\_  
month day year  
 under the laws of the state/country of \_\_\_\_\_
- c. The address of the office of the limited partnership in its state/country of organization is \_\_\_\_\_  
 \_\_\_\_\_
- d. The limited partnership's principal office address is \_\_\_\_\_  
 \_\_\_\_\_

e. The names and business or residence addresses of the GENERAL partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

*(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)*

f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
 \_\_\_\_\_

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is cancelled or withdrawn.



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The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Jacor Communications, Inc.  
exact name of entity  
By: [Signature]  
Its: Chief Executive Officer  
Date: 9/18/96

Jacor Communications, Inc.  
exact name of entity  
By: [Signature]  
Its: Secretary  
Date: 9/18/96

New Jacor, Inc.  
exact name of entity  
By: [Signature]  
Its: President  
Date: 9/18/96

New Jacor, Inc.  
exact name of entity  
By: [Signature]  
Its: Secretary  
Date: 9/18/96

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
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exact name of entity  
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Its: \_\_\_\_\_  
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exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Please note that the chairmen of the board, the president, vice president, secretary or an assistant secretary must sign on behalf of each constituent corporation, and at least one general partner must sign on behalf of each constituent limited partnership; if insufficient space for signature, a separate sheet should be attached containing such signatures)