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FORM PTO-1618A Expres 06/30/99 OMB 0651-0027

06-25-1999



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Patent and Trademark Office TRADEMARK

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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).		
Submission Type Conveyance Type		
X New Assignment License		
Resubmission (Non-Recordation) Document ID # Security Agreement Nunc Pro Tunc Assignment		
Correction of PTO Error X Merger Month Day Year		
Reel # Frame # Change of Name		
Corrective Document Reel # Other Other		
Conveying Party Mark if additional names of conveying parties attached Execution Date Month Day Year		
Name Spinning Hat, LLC		
Formerly		
Individual General Partnership Limited Partnership Corporation Association		
X Other Limited Liability Company		
X Citizenship/State of Incorporation/Organization Ohio		
Receiving Party Mark if additional names of receiving parties attached		
Name FourthChannel, Inc.		
DBA/AKA/TA		
Composed of		
Address(line 1) 1156 Dublin Road		
Address (line I)		
Address (line 2) Suite 102		
Address (line 3) Columbus Ohio 43215 City State/Country Zip Code		
Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is		
X Corporation Association not domiciled in the United States, an appointment of a domestic representative should be attached.		
Other (Designation must be a separate document from Assignment.)		
X Citizenship/State of Incorporation/Organization Ohio		
FOR OFFICE USE ONLY		
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gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (9651-9027), Washington, D.C. 20503. See OMB Information Collection Budget Package 9651-9027. Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231

FORM PTO- Expires 06/30/99 CMB 0651-0027	-1618B	Page 2	U.S. Department of Commerce Patient and Trademark Office TRADEMARK
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Correspond	dent Name and Addre	SS Area Code and Telephone Number	(216) 861-7450
Name	Rose Mary Wenstr	up	
Address (line 1)	Baker & Hostetle	r LLP	
Address (line 2)	3200 National Ci	ty Center	
Address w. s.			
Address (line 3)	1900 East 9th St	reet	
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	of Person Signing	Signature	Date Signed

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-cut along the dotted line-



The State of Ohio Certificate

Secretary of State - Bob Taft

1001498

It is hereby certified that the Secretary of State of Ohio has custody of the business records for FOURTHCHANNEL, INC. and that said business records show the filing and recording of:

<u>Document(s)</u> MERGER/DOMESTIC Document No(s): 199812500769

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



Witness my hand and the seal of the Secretary of State at Columbus, Ohio, This 1st day of May, A.D. 1998

Bob Taft
Secretary of State

1.

5/15/1998

Mail To: BAKER & HOSTETLER LLP ATTN K S FINCH 65 E STATE ST STE 2100 COLUMBUS, OH 43215-4260

---cut along dotted line-



The State of Ohio & Certificate &

Secretary of State - Bob Taft

969868

It is hereby certified that the Secretary of State of Ohio has custody of the business records for SPINNING HAT, LLC and that said business records show the recording of:

MERGED OUT OF EXISTENCE

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

Witness my hand and the seal of the Secretary of State at Columbus, Ohio, This 1st day of May, A.D. 1998



Bob Taft

Bob Taft

Secretary of State TRADEMARK

REEL: 001919 FRAME: 0238

Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

Form MER (July 1994)

Approved	
Date	
Fee	

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. SUR	SURVIVING ENTITY			
A.	The name of the entity surviving the merger is:			
	FourthChannel, Inc.			
(if the s	surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)			
В.	Name change: As a result of this merger, the name of the surviving entity has been changed to the following:			
	only if the name of surviving entity is changing through the merger)			
C.	The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)			
[X]	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, 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.			
RECEIVED	Domestic (Ohio) limited partnership, registration number			
MAY 0 1 1998				
BOB TAFT SECRETARY OF STATE				

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	[]		mited partnership organi f Ohio, under registratio		
	[]	Foreign (Non-Ohio) li	imited partnership organi	zed under the laws	of the
П.	Mergi	ging Entities			
each e	ntity, ot	her than the survivor, v	state/country of incorpo which is a party to the m making Okio registered or foreign qualifi	erger are as follows	. (If insufficient space to cover
Name		State/	Country of Organization	Type of Entity	
Spir	ning E	lat, LLC	Ohio, U.S.A.	LLC	
** · · · · · · · · · · · · · · · · · ·					······································
					<u> </u>
m.	Merg	er Agreement on File			
obtain			s of the person or entity erger upon written reque		eligible persons may
	Name	•	Address		
J. Stephen Van Heyde		ı Van Heyde	65 East State	Street, Capitel	Square, Suite 2100
-			(street and number) Columbus, Ohio	43215	_
ıv.	Effec	tive Date of Merger	(city, village or towns	ship) (state)	(zip code)
	This i	merger is to be effective	e:		
	On _				date on or after the
			e merger cannot be earl e effective date of the me		filing; if no date is

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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

J. Stephen Van Heyde
65 East State Street, Capitol Square, Suite 2100

(complete street address)
Columbus, Ohio 43215
(city, village or township) (zip code)

(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.)

process, notice or dem complete address of th	and aga	d hereby appoints the following as its statutory agent upon whom tinst the entity may be served in the State of Ohio. The name and bry agent is: (street and number)
(_/		, Ohio
(city, village or township)		(zip code)
irrevocably consents to of the agent continues, found, if the corporat agent when required to	service, and to ion, limbors, do so,	foreign corporation, limited liability company or limited partnership e of process on the statutory agent listed above as long as the authority service of process upon the Secretary of State if the agent cannot be nited liability company or limited partnership fails to designate another or if the corporation's, limited liability company's, or limited ration to do business in Ohio expires or is cancelled.
B. The qualif	ying en	tity also states as follows: (complete only if applicable)
1.	(If the	gn Qualifying Limited Liability Company e qualifying entity is a foreign limited liability company, the following mation 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
	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:

Qualification or Licensure of Foreign Surviving Entity

IX.

The name of limited partnership is
The limited partnership was formed on
under the laws of the state/country of
The address of the office of the limited partnership in its state/country of organization is
The limited partnership's principal office address is
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)
The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capita contributions is to be maintained is:

cancelled or withdrawn.

2.

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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.

FourthChannel, Inc.	Spinning Hat, LLC
exact name of entity	exact name of entity
By: Its: President	By: Jatkly Its: Member
Date:	Date:
exact name of entity	exact name of entity
Ву:	By:
Its:	Its:
Date:	Date:
exact name of entity	exact name of entity
Ву:	By:
Its:	Its:
Date:	Date:
exact name of entity	exact name of entity
Ву:	Ву:
Its:	Its:
Date:	Date:
exact name of entity	exact name of entity
By:	By:
Its:	Its:
Date:	

(Piesso note that the chairman 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 short should be attached containing such signatures)

RECORDED: 06/22/1999 REEL: 001919 FRAME: 0244