



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/16/2009	200901501196	TRADE NAME/ASSIGNMENT (RNA)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

KAGAY, ALBERT, DIEHL & GROEBER
6877 N HIGH STREET
SUITE 300
WORTHINGTON, OH 43085

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**RN83497**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SCARBOROUGH TENNIS EAST

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

TRADE NAME/ASSIGNMENT**200901501196**

Expiration Date: 04/05/2010

SCARBOROUGH TENNIS LIMITED
250 EAST BROAD STREET
SUITE 1100
COLUMBUS, OH 43215



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 14th day of January, A.D.
2009.

Ohio Secretary of State



www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☒ No PO Box 788
Columbus, OH 43216

NAME REGISTRATION UPDATE

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

(1) ☒ Assignment of Registered Name Registration No. <u>RN 83497</u> (116-RNA)	(2) ☐ Name Reservation Transfer Registration No. _____ (185-NRT)
(3) ☐ Change of Address only for Registered Name Registration No. _____ (176-RNB)	(4) ☐ Cancellation of Registration Registration No. _____ (184-RNX)

Check The Appropriate Box

☒ Fictitious Name ☐ Trade Name ☐ Mark of Ownership ☐ Trade Mark ☐ Service Mark

Name of Entity
or Description of Mark

Scarborough Tennis East

Name of Current Owner

Scarborough Tennis East

Complete the information in this section if box (3) is checked.

New Business Address

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

Complete the information in this section if box (1) or (2) is checked.

Are you assigning this name?

☒ Yes

☐ No

New Registrant's Name
& Address

Scarborough Tennis Limited

(Name)

250 East Broad Street, Suite 1100

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

Franklin

Ohio

43215

(City)

(County)

(State)

(Zip Code)

Registration No.

1823104

Complete the information in this section if box (4) is checked.

Are you canceling this name?

☐ Yes

☐ No

Complete the information in this section if box (1) is checked.

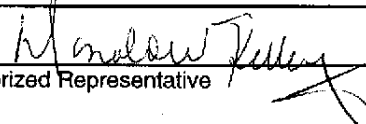
Please indicate the assignment of the good will of the business as follows:

☐ For the amount of _____ and for other Good and Valuable Consideration, the receipt of which is hereby acknowledged, ASSIGNOR does hereby assign unto said ASSIGNEE the entire right, title and interest in and to the above-listed mark and registration granted therefrom, and in and to the goodwill of the business in connection with which said mark is used, the same to be held and enjoyed by said ASSIGNEE for its own use and benefit, and for the use and benefit of its successors, assigns or other legal representatives, as fully and entirely as the same would have been held and enjoyed by said ASSIGNOR, if this assignment had not been made.

☒ If the goodwill of the business associated with this mark is NOT ASSIGNED

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)


Authorized Representative

1-13-09
Date