



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/10/2010	201034300521	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00		.00	.00

Receipt

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

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1589943

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

DAYTON DAILY NEWS

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

Document(s)

FICTITIOUS NAME RENEWAL

Document No(s):

201034300521



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 8th day of December,
A.D. 2010.

Ohio Secretary of State

Doc ID -->

201023522563



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

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1589943**
2. The fictitious name to be renewed is:
DAYTON DAILY NEWS
3. The date of original registration is: **December 21, 2005**
4. The applicant is: (check appropriate item)
 - ☒ an individual
 - ☐ an Ohio corporation, Charter Number: **378609**
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

Cox Media Group Ohio, Inc.

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

6205 Peachtree Dunwoody Road, Attn: Legal Dept.

(Street address only, P.O. Box not acceptable)

<u>Atlanta</u>	<u>USA</u>	<u>GA</u>	<u>30328</u>
(City, Village or Township)	(County)	(State)	(Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: _____

Charles N. Bowen, Assistant Secretary

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 SECRETARY OF STATE
 2010 DEC -8 PM 4:14
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