



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/09/2019	201900803574	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

DIANE CLEVINGER AUKLAND, CPA
77 EAST WILSON BRIDGE ROAD
SUITE 105
WORTHINGTON, OH 43085

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4276854

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

BUCKEYESPORTS.COM

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 01/08/2019

Document No(s):

201900803574

Date of First Use: 01/01/2002

Expiration Date: 01/08/2024

CSP PUBLISHING, CORPORATION
1350 W. FIFTH AVENUE, SUITE 30
COLUMBUS, OH 43212



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
9th day of January, A.D. 2019.

Ohio Secretary of State

Form 534A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 1/8/2019
Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Name Registration

Filing Fee: \$39**Form Must Be Typed****CHECK ONLY ONE (1) Box**Trade Name
(167-RNO)

Date of first use:

1/1/2002

MM/DD/YYYY

Fictitious Name
(169-NFO)

BUCKEYESPORTS.COM

Name being Registered or Reported

CSP PUBLISHING, CORPORATION

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 669922

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

OHIO STATE UNIVERSITY SPORTS INTERNET SITE.

Business address:

1350 W. FIFTH AVENUE, SUITE 30

Mailing Address

COLUMBUS

City

OH

State

43212

ZIP Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

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Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

FRANK L. MOSKOWITZ

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.