### 507257914 04/28/2022

## **PATENT ASSIGNMENT COVER SHEET**

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7304835

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Execution Date
CLEAR CHANNEL MANAGEMENT SERVICES, INC.	09/11/2014

### **RECEIVING PARTY DATA**

Name:	IHEARTMEDIA MANAGEMENT SERVICES, INC.
Street Address:	20880 STONE OAK PARKWAY
City:	SAN ANTONIO
State/Country:	TEXAS
Postal Code:	78258

### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Patent Number:	5437050

### **CORRESPONDENCE DATA**

Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

**Phone:** 7035179726

**Email:** duncanwilliams@iheartmedia.com

Correspondent Name: DUNCAN WILLIAMS

Address Line 1:20880 STONE OAK PARKWAYAddress Line 4:SAN ANTONIO, TEXAS 78258

ATTORNEY DOCKET NUMBER:	195-RCS-11-1992
NAME OF SUBMITTER:	DUNCAN WILLIAMS
SIGNATURE:	/Duncan Williams/
DATE SIGNED:	04/28/2022
	This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 4

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PATENT REEL: 059821 FRAME: 0751

507257914



# Office of the Secretary of State

# CERTIFICATE OF FILING OF

iHeartMedia Management Services, Inc. 801066121

[formerly: Clear Channel Management Services, Inc.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/16/2014

Effective: 09/16/2014



NANDITA BERRY

Nandita Berry Secretary of State

REEL: 059821 FRAME: 0752

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: See instructions



### **Certificate of Amendment**

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

SEP 16 2014

**Corporations Section** 

### **Entity Information**

The name of the filing entity is:		
Clear Channel Management Services, Inc.		
State the name of the entity as currently shown in the of the entity, state the old name and not the new name	records of the secretary of state. If the amendment changes the name	
The filing entity is a: (Select the appropriate entity ty	ype below.)	
▼ For-profit Corporation	Professional Corporation	
Nonprofit Corporation Professional Limited Liability Company		
Cooperative Association	☐ Professional Association	
Limited Liability Company	Limited Partnership	
The file number issued to the filing entity by	the secretary of state is: 801066121	
The date of formation of the entity is:	12/22/2008	
·		
A	mendments	
	Amended Name is to change the name of the entity, use the following statement)	
The amendment changes the certificate of for filing entity. The article or provision is amendment.	ormation to change the article or provision that names the ided to read as follows:	
The name of the filing entity is: (state the new name of the entity below)		
iHeartMedia Management Services, Inc.		
The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.		
2. Amended Regi	stered Agent/Registered Office	

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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TX008BOC - 06/13/2011 C T System Online

(Complete eithe	Registered Agent er A or B, but not both. Also comple	ete C.)
A. The registered agent is an organized	zation (cannot be entity named above	) by the name of:
OR  B. The registered agent is an individ	lual resident of the state whos	e name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument af has consented to serve as registered agen		ated as the new registered agent
C. The business address of the registered	d agent and the registered off	ce address is:
		TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Add	led, Altered, or Deleted Pro	visions
Other changes or additions to the certificate of for is insufficient, incorporate the additional text by form for further information on format.	providing an attachment to this fo	provided below. If the space provided rm. Please read the instructions to this
Text Area (The attached addendum, if any, is incorporate	ted herein by reference.)	,
Add each of the following provisions reference of the added provision and the		n. The identification or
Alter each of the following provision reference of the altered provision and the		
Delete each of the provisions identific	ed below from the certificate	of formation.

# **Statement of Approval**

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

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# Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.  B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is:
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90 <sup>th</sup> day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
Execution  The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date: 09/11/2014  By:
Signature of authorized person
Hamlet T. Newsom Jr., Vice President  Printed or typed name of authorized person (see instructions)

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