

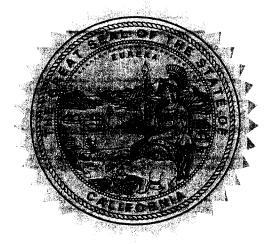
Form PTO-1594 (Rev. 03/01)	1022306			DEPARTMENT OF COMMERCE .S. Patent and Trademark Office
OMB No. 0651-0027 (exp. 5/31/2002) Tab settings	▼ ▼	V		▼ ▼
To the Honorable Commissioner of	Patents and Trademarks:	Please record the	attached original do	cuments or copy thereof.
1. Name of conveying party(ies): Fortune Fashions, Inc. Individual(s) General Partnership Corporation-State – CA Other Additional name(s) of conveying party(ies) 3. Nature of conveyance: Assignment Security Agreement Other Execution Date: 06/01/2001	attached? Yes No Merger Change of Name	Name:Fo	al(s) citizenship tion Partnership Partnership tion-State imited Liability Comp of domiciled in the Unit	enue Pyle Avenue CA Zip: 90058-3021 Pany - CA ed States, a domestic Tyes No Jyes No Jyes No Jyes Signment)
4. Application number(s) or registration A. Trademark Application No.(s) 76/059278 5. Name and address of party to whom concerning document should be mailed.	Additional number(s) att	tached Yes		
Name: Anthony J. Wall, Esq. Internal Address: General Counsel for Fashions Industries LLC	or Fortune	✓ Enclos	sed	d to deposit account
Street Address: 121 Gray Avenue		8. Deposit acc	ount number:	ANCE SECT
City: Santa Barbara State: CA	Zip: ⁹³¹⁰¹	TUIC CDACE		ECORD 7: 52 710N
9. Signature.	DO NOT USE	IMIS SPACE		
2002 DBYRNE 00000142 76006587 40.00 DP 150.00 DP 150.00 DP Name of Person Signing	Stall number of pages including cover	gnature		September , 2002 Date

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231



I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JUN 2 3 2001

Secretary of State

Sec/State Form CE-107 (rev. 9/98)

OSP 01 55358



RECORDED: 09/20/2002

State of California Bill Jones Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF MERGER

(Corporations Code Section 17552)

ENDORSED - FILED

in the office of the Secretary of State of the State of California

JUN 2 0 2001

BILL JONES, Secretary of State

Filing Fee – Please see instructions.

IMPORTANT – Read instructions before completing this form.

		9	This Space For Filing Use Only			
1. Name of surviving entity: Fortune	2. Type of entity:	Secretary of State File Nu	mber: 4. Jurisdiction:			
ashions Industries IIC	LLC	20010961009	Calif:			
Name of disappearing entity:	6. Type of entity:	7. Secretary of State File Nu	mber: 8. Jurisdiction:			
Fortune Fashions Inc.	Corporation	C1690439	Calif			
9. Future effective date, if any:	Month	Day	Year			
10. If a vote was required pursuant to Section 1755 for Section 1113, enter the outstanding interests of each class entitled to vote on the merger and the percentage of vote required:						
Surviving Entit	У	<u>Disar</u>	Disappearing Entity			
Each class entitled to vote	Percentage of vote required	Each class entitled to vote	Percentage of vote required			
	of 3,110		required of 3,110			
 The principal terms of the agreement equaled or exceeded the vote require 		ed by a vote of the number of ir	terests or shares of each class that			
SECTION 12 IS ONLY APPLICABLE IF THE ITEM 12 AND PROCEED TO ITEM 15.	SURVIVING ENTITY IS	A DOMESTIC LIMITED LIABILI	TY COMPANY, COMPLETE			
12. Requisite changes to the information from the merger. Attach additional pa		of Organization of the surviving	limited liability company resulting			
SECTIONS 13 AND 14 ARE APPLICABL BUSINESS ENTITY. COMPLETE ITEMS 13		ENTITY IS A FOREIGN LIMIT	ED LIABILITY COMPANY OR OTHER			
13. Principal business address of the sur	viving foreign limited lia	bility company or other busines	s entity:			
Address:						
Address: City:	State		Zip Code:			
	ed in the Certificate of					
City: 14. Other information required to be state	ed in the Certificate of					
City: 14. Other information required to be statentity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any:	ed in the Certificate of pages if necessary. d in this document are	Merger by the laws under white true and correct of my own k	ch each constituent other business			
City: 14. Other information required to be statentity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executivity this instruments.	ed in the Certificate of pages if necessary. d in this document are	Merger by the laws under white true and correct of my own k	nowledge. I declare that I am the			
City: 14. Other information required to be statentity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any:	ed in the Certificate of pages if necessary. d in this document are ont, which execution is refer to the control of the contr	Merger by the laws under white true and correct of my own king act and deed.	nowledge. I declare that I am the Manager 6/1/01			
City: 14. Other information required to be state entity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executing this instrument.	ed in the Certificate of pages if necessary. d in this document are ent, which execution is refer to 1 / 01 urviving Entity Date	true and correct of my own kny act and deed. Fred Kayne,	nowledge. I declare that I am the Manager 6/1/01 Title of Person Signing Date			
City: 14. Other information required to be statentity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executiving this instruments. Signature of Authorized Parson for the Statements.	ed in the Certificate of pages if necessary. d in this document are ent, which execution is refer to 6 / 1 / 0 1 are urviving Entity Date	true and correct of my own kiny act and deed. Fred Kayne, Type or Print Name and	nowledge. I declare that I am the Manager 6/1/01 Title of Person Signing Date			
City: 14. Other information required to be state entity is organized. Attach additional part of pages attached, if any: 15. Number of pages attached, if any: 16. I certify that the statements contained person who is executivity this instrumed signature of Authorized Parson for the Statements. Signature of Authorized Person for the Statements.	ed in the Certificate of pages if necessary. d in this document are ent, which execution is refer to 6 / 1 / 0 1 are urviving Entity Date sappearing Entity Date	true and correct of my own kiny act and deed. Fred Kayne, Type or Print Name and	nowledge. I declare that I am the Manager 6/1/01 Title of Person Signing Date Title Date Date			

TRADEMARK REEL: 002587 FRAME: 0005