

07-01-2004

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/200) Tab settings



102781189

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): 6.28.04 Skeeziks Ltd. Co. Individual(s) Association General Partnership Limited Partnership Corporation-State Other Limited Liability Company Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies) Name: Skeeziks, LLC Internal Address: c/o BSC&G, LLP Street Address: 11845 W. Olympic Blvd, #845 City: Los Angeles State: CA Zip: 90064 Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Other Limited Liability Company If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance: Assignment Merger Security Agreement Change of Name Other Execution Date: 11/21/2003

4. Application number(s) or registration number(s): A. Trademark Application No.(s) 76/205,538; 76/205,537 B. Trademark Registration No.(s) 2,047,886; 2,122,343; 2,232,212; 2,815,359 Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Robert L. Powley, Esq. Internal Address: Law Office of Robert L. Powley, P.C. Street Address: 417 Canal Street, 4th Floor City: New York State: NY Zip: 10013

6. Total number of applications and registrations involved: 6 7. Total fee (37 CFR 3.41): \$ 165.00 Enclosed Authorized to be charged to deposit account

8. Deposit account number: N/A

DO NOT USE THIS SPACE

9. Signature. Robert L. Powley Name of Person Signing Signature Date June 28, 2004

Total number of pages including cover sheet, attachments, and document: 3

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

06/30/2004 INGTACHE 00000042 76205538

01 FC:8521 40.00 OP 02 FC:8522 125.00 OP

2004 JUN 28 AM 7:06 OPR/FINANCE



State of California
Kevin Shelley
Secretary of State

EFFECTIVE DATE
DEC 31 2003

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

DEC 18 2003

KEVIN SHELLEY
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF MERGER

(Corporations Code Section 17552)

Filing Fee - Please see instructions.
IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

Form with fields for: 1. Name of surviving entity: Skeeziks, LLC; 2. Type of entity: LLC; 3. Secretary of State File Number: 200319810193; 4. Jurisdiction: California; 5. Name of disappearing entity: Skeeziks Ltd. Co.; 6. Type of entity: LLC; 7. Secretary of State File Number; 8. Jurisdiction: New Mexico; 9. Future effective date: 12/31/2003; 10. If a vote was required... Surviving Entity: Membership Interest 90%; Disappearing Entity: Membership Interest 90%.

11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.

SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, COMPLETE ITEM 12 AND PROCEED TO ITEM 15.

12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the merger. Attach additional pages if necessary.

SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY. COMPLETE ITEMS 13 AND 14.

13. Principal business address of the surviving foreign limited liability company or other business entity: Address: City: Zip Code:

14. Other information required to be stated in the Certificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary.

15. Number of pages attached, if any:

16. I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

Signature of Authorized Person for the Surviving Entity Date

Julie Larson, Manager 11/21/03
Type or Print Name and Title of Person Signing Date

Signature of Authorized Person for the Surviving Entity Date

Type or Print Name and Title of Person Signing Date

Signature of Authorized Person for the Disappearing Entity Date

Julie Larson, Manager 11/21/03
Type or Print Name and Title of Person Signing Date

Signature of Authorized Person for the Disappearing Entity Date

Type or Print Name and Title of Person Signing Date