

11-16-1998



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11.9.98

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year  
06-28-97

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

11/12/1998 DNGUYEN 00000109 75275321

FOR OFFICE USE ONLY

01 FC:481 40.00 DP  
02 FC:482 175.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK  
REEL: 1813 FRAME: 0089

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

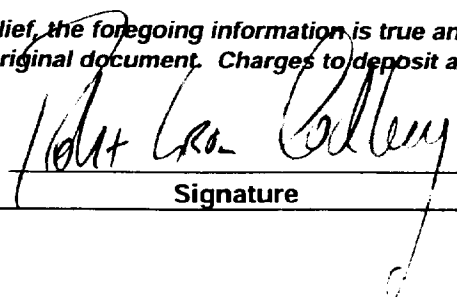
No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

ROBERT CARSON GODBEY

Name of Person Signing



Signature

11/3/98

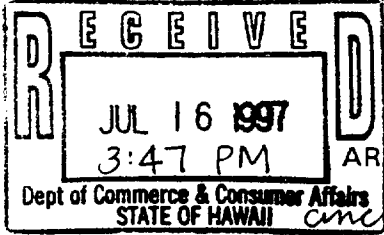
Date Signed

EXPEDITED REVIEW

Nonrefundable Filing Fee: \$50.00  
Submit Original and One True Copy

DOMESTIC PROFIT  
NAME CHANGE ONLY

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
1010 Richards Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



ARTICLES OF AMENDMENT TO CHANGE CORPORATE NAME  
(Section 415-61, Hawaii Revised Statutes)

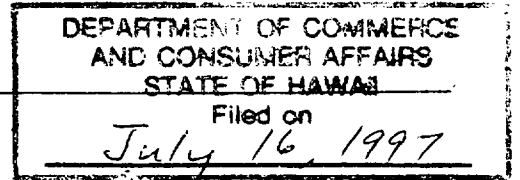
814 00010752 13- 7/24/97 50.00  
502 00010753 13- 7/24/97 50.00

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

79393D1 The undersigned, duly authorized officers of the corporation submitting these Articles of Amendment, certify as follows:

1. The present name of the corporation is:  
Event Marketing, Inc.

2. The name of the corporation is changed to:  
Team Event Management, Inc.



3. Total number of shares outstanding is: 2000

4. If adoption of the amendment to change the corporation name was at a meeting, complete the following:

The meeting of the shareholders was held on 28 June 1997  
(Month) Day Year C.M.

Class/Series	Number of Shares Voting For Amendment	Number of Shares Voting Against Amendment

5. If adoption of the amendment to change the corporate name was by unanimous written consent of the shareholders, complete the following:

By written consent dated JUNE 28, 1997  
(Month) Day Year per C.M.  
the shareholders unanimously adopted the amendment to change the corporate name.

We certify under the penalties of Section 415-136, Hawaii Revised Statutes, that we have read the above statements, and that the same are true and correct.

Witness our hands this 28th June day of 1997  
C.M.

Tom Kiely, President  
(Type/Print Name & Title)

DAVID NICHOLAS, Secretary  
(Type/Print Name & Title)

[Signature]  
(Signature of Officer)

[Signature]  
(Signature of Officer)

(See Reverse Side For Instructions)

I HEREBY CERTIFY that this is a true and correct copy of the original recorded in this office.



*Richard P. [Signature]*

DIRECTOR OF COMMERCE AND  
CONSUMER AFFAIRS

*[Signature]*

By: \_\_\_\_\_  
for: COMMISSIONER OF SECURITIES

Date: *October 30, 1998*

STATE OF HAWAII

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS



THE DIRECTOR'S OFFICIAL CERTIFICATION  
APPEARS ON THE BACK OF THE FIRST PAGE OF THE  
ATTACHED DOCUMENT.