

06-07-2000



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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

5/19/00 MRO

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
 - Merger Change of Name
 - Other _____
- Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Name OASIS FALLS INTERNATIONAL, INC. Execution Date
Month Day Year 10 08 1999

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization FLORIDA

Receiving Party

Mark if additional names of receiving parties attached

Name OASIS WATERFALLS, LLC

DBA/AKATA _____

Composed of _____

Address (line 1) 8210 PRESIDENTS DRIVE

Address (line 2) _____

Address (line 3) ORLANDO FLORIDA 32809
City State/Country Zip Code

- Individual General Partnership Limited Partnership Corporation Association
- Other LIMITED LIABILITY COMPANY
- Citizenship/State of Incorporation/Organization FLORIDA

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.)

FOR OFFICE USE ONLY

06/06/2000 JSHABAZZ 00000202 75678406
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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: 002084 FRAME: 0273

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)

<input type="text" value="75/678,406"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

JAMES H. BEUSSE

May 2000

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF FEDERAL TRADEMARK

WHEREAS, Oasis Falls International, Inc.
(ASSIGNOR), a Florida corporation, whose address is 107 S. Magnolia Avenue, Sanford, FL 32771 has adopted, used, is using, and is the owner of the following trademarks now registered in the U.S. Patent and Trademark Office:

Trademark	Registration No.	Date of Registration
Oasis Falls International, Inc.	75/678,406	Filed April 9, 1999

WHEREAS, Oasis Waterfalls, LLC
a Florida limited liability company, (ASSIGNEE), having its principal office at 8210 Presidents Drive, Orlando, FL 32809 is desirous of acquiring said registered trademark;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said ASSIGNOR does hereby assign unto the said ASSIGNEE all right, title and interest in the United States in and to said trademarks and said registrations therefor, together with the goodwill of the business symbolized by said trademarks and the registrations thereof.

By: Rami [Signature]

STATE OF _____) SS
COUNTY OF ORANGE)

On this 8th day of October, 1999, before me appeared _____ the person who signed this instrument, and who acknowledged that he signed it as a free act on his behalf.

Marlis J. Spear



Marlis J. Spear
MY COMMISSION # CC004720 EXPIRES
February 25, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public

My Commission Expires:

Personally Known _____ OR Produced Identification FL DL # Y215-720-43-330-0