

07-19-2000



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

Conveying Party

Mark if additional names of conveying parties attached  
Execution Date  
Month Day Year

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)

- Individual  General Partnership  Limited Partnership  Corporation  Association
  - Corporation  Association
  - Other
- 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.)

Citizenship/State of Incorporation/Organization

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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

**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="75-746922"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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<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 hereon.

TAMARA CARMICHAEL, P.A.

Name of Person Signing

Signature

Date Signed

04-27-2000



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4-4-99

**RECORDATION FORM COVER SHEET  
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Other

Citizenship/State of Incorporation/Organization

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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

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Citizenship/State of Incorporation/Organization

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Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**TRADEMARK**  
REEL: 002104 FRAME: 0605

**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. #

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Number of Properties** Enter the total number of properties involved. #

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**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.*

Tamara Carmichael, P.A. Tamara Carmichael PA 3/29/2000

Name of Person Signing Signature Date Signed

## TRADEMARK ASSIGNMENT

WHEREAS, OCI Acquisition Corporation, a Florida corporation, having its principal office located at 1725 University Drive, Suite 450, Coral Springs, Florida 33071, hereinafter, "ASSIGNOR," has adopted, used, licensed use, is using and is the owner of all right, title and interest in and to the trademark shown on Schedule A attached hereto including a U.S. trademark application and common law rights (the "Mark"); and

WHEREAS, eMaze Inc., a Florida corporation, having its principal office located at 1725 University Drive, Suite 450, Coral Springs, Florida hereinafter, "ASSIGNEE," is desirous of acquiring the entire right, title and interest in, to and under The Mark, and the goodwill of the business associated therewith.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and adequacy of which are hereby mutually acknowledged, ASSIGNOR hereby irrevocably sells, assigns, transfers and conveys unto ASSIGNEE, its successors and assigns, all right, title and interest in and to: (a) The Mark; (b) any and all registrations and applications for Registration of The Mark (c) all common law rights in, to and under The Mark; (d) all other rights in, to and under The Mark, together with the goodwill of the business symbolized by The Mark; (e) any and all rights to royalties, profits, compensations, license fees or other payments or remuneration of any kind relating to The Mark and/or the goodwill under The Mark; and (f) all claims or causes of action ASSIGNOR has or may have in connection with The Mark, including, but not limited to, the right to sue and recover damages for any and all past infringements of any of The Mark; provided, however, Assignor's registration for The Mark has been rejected by the United States Patent and Trademark Office.

**SCHEDULE A**

Mark: ORLANDO.COM AND DESIGN

United States Patent and Trademark Office Serial Number 74/746922

IN WITNESS WHEREOF, ASSIGNOR, by and through its undersigned authorized officer, has caused this Trademark Assignment to be executed on this 20 day of March, 2000.

**ASSIGNOR:**

OCI Acquisition Corporation

By: [Signature]  
Name: Jeffrey I. Sherrin  
Title: President

**ACKNOWLEDGMENT**

STATE OF FLORIDA        )  
SS:                            )  
COUNTY OF BROWARD    )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid, the foregoing instrument was acknowledged before me by JEFFREY SHERRIN as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ corporation, who is personally known to me or who has produced \_\_\_\_\_ as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 20<sup>th</sup> day of March, 2000.

Notary Public  
Typed, printed or stamped  
name of Notary Public

Bonita M. Winslow  
BONITA M. WINSLOW

