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Expires 06/30/99
OMB 0651-0027

01-16-2001

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



101583301

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

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- New
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Document ID #
- Correction of PTO Error
Reel # Frame #
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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

TRADEMARK RECEIVED
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 EXECUTION DATE
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 TRADEMARK FEE PROCESS.

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

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/KA/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.)

01/12/2001 INGVEN 00000295 2366819

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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:
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TRADEMARK

REEL: 002211 FRAME: 0512

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2366819"/>	<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 E. Shlesinger
Name of Person Signing


Signature

Dec 26, 2000
Date Signed

ASSIGNMENT

THIS TRADEMARK ASSIGNMENT is effective as of the 23rd day of August 2000 by and between HEALTH ODYSSEY, INC. and CLIFF PETROVSKY.

WHEREAS, HEALTH ODYSSEY, INC., a corporation organized and existing under the laws of the State of California, with an address at 1525 Aviation Boulevard, Suite 136, Redondo Beach, California 90278 (the "Assignor") is the owner of the trademark CYCLONE for "beer" and of Registration No. 2,366,819 relating thereto (collectively, the "Trademark"); and

WHEREAS, CLIFF PETROVSKY, an individual with an address at 2801 Roosevelt Street, Suite B, Carlsbad, California 92008, (the "Assignee") is desirous of acquiring all right, title and interest in and to the TRADEMARK; and

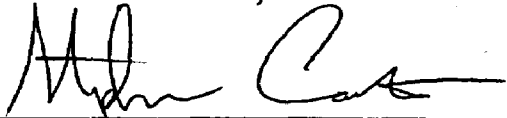
WHEREAS, the Assignor has agreed to assign to Assignee the entire right, title and interest in and to the TRADEMARK.

NOW, THEREFORE, for good and valuable consideration, receipt of which is acknowledged, effective as of the date first written above, said HEALTHY ODYSSEY, INC. does hereby assign and transfer unto CLIFF PETROVSKY, its entire right, title and interest in and to the CYCLONE trademark for "beer", together with Registration No. 2,366,819 therefor and the good will of the business symbolized by and associated with said CYCLONE trademark, throughout the world including but not limited to the United States.

IN WITNESS WHEREOF, the parties hereto have duly executed this Assignment

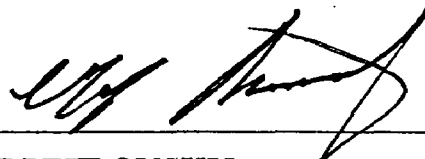
as of the date first written above.

HEALTH ODYSSEY, INC.

By: 

Name: Stephanie Cartozian

Title: President



CLIFF PETROVSKY

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

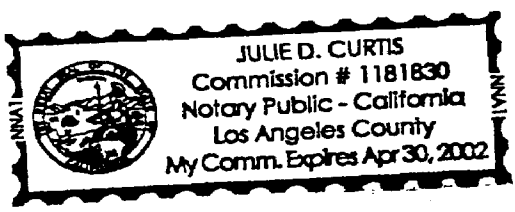
State of California

County of Los Angeles } ss.

On August 24, 2000, before me, Julie D Curtis, Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Stephanie Cartoza
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that ~~by his/hers/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Julie D Curtis
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document
Title or Type of Document: Assignment

Document Date: Aug 24, 2000 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

- Signer's Name: _____
- Individual
 - Corporate Officer — Title(s): _____
 - Partner — Limited General
 - Attorney in Fact
 - Trustee
 - Guardian or Conservator
 - Other: _____

Signer Is Representing: _____

