

TO THE ASSISTANT COMMISSIONER OF PATENT



d original documents or copy thereof.

101752621

1. Name of conveying party(ies): (If multiple as numerically)

CINEVILLE, INC.

6-11-01

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation State California
- Other:

Name: KNOBBE, MARTENS, OLSON & BEAR, LLP  
 Internal Address: Sixteenth Floor  
 Street Address: 620 Newport Center Drive  
 City: Newport Beach State: CA ZIP: 92660

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State
- Other:

Additional name(s) of conveying party(ies) attached?  
 Yes  No

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) and address(es) attached?  
 Yes  No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) **May 17, 2001**

4. Application number(s) or registration number(s):

- a. Trademark Application No(s):  
~~76/038,133~~ filed 5/1/00  
 76/038,021 filed 5/1/00  
 76/038,020 filed 5/1/00

- b. Trademark Registration No(s):  
 2,395,044

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: James B. Bear  
 KNOBBE, MARTENS, OLSON & BEAR, LLP  
 Customer No. 20,995  
 Internal Address: Sixteenth Floor  
 Street Address: 620 Newport Center Drive  
 City: Newport Beach State: CA ZIP: 92660  
 Attorney's Docket No.:

7. Total fee (37 CFR 3.41): \$115.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 4

9. 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.

James B. Bear  
 Name of Person Signing

Signature

6/7/01  
 Date

Total number of pages including cover sheet, attachments and document: 2

Mail documents to be recorded with required cover sheet information to:

06/14/2001 LMUELLER 00000105 76038133

01 FC:481  
 02 FC:482

40.00 OP  
 75.00 OP

U.S. Patent and Trademark Office  
 Attn: Assignment Division  
 Crystal Gateway-4  
 1213 Jefferson Davis Highway, Suite 320  
 Arlington, VA 22202

**TRADEMARK**  
**REEL: 002314 FRAME: 0230**

RECEIVED  
 2001 JUN 11 PM 4:14  
 ASSIGNMENT DIVISION

0114261241

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.



FILED SACRAMENTO, CA MAY 17, 2001 AT 0800 BILL JONES SECRETARY OF STATE

A. NAME & TEL # OF CONTACT AT FILER (optional) B. FILING OFFICE ACCT. # (optional) C. RETURN COPY TO: (Name and Mailing Address)

D. OPTIONAL DESIGNATION (if applicable): LESSOR/LESSEE CONSIGNOR/CONSIGNEE NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a ENTITY'S NAME OR 1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE 1d S S OR TAX ID# 1e TYPE OF ENTITY 1f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 1g ENTITY'S ORGANIZATIONAL ID #, if any NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a ENTITY'S NAME OR 2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE 2d S S OR TAX ID# 2e TYPE OF ENTITY 2f ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g ENTITY'S ORGANIZATIONAL ID #, if any NONE

3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a ENTITY'S NAME OR 3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 3c MAILING ADDRESS CITY STATE COUNTRY POSTAL CODE

4. This FINANCING STATEMENT covers the following types or items of property

4. This FINANCING STATEMENT covers the following types or items of property: 2131st Street, Sacramento, CA 95811; 2131st Street, Sacramento, CA 95811; 2131st Street, Sacramento, CA 95811; 2131st Street, Sacramento, CA 95811

5. CHECK BOX (if applicable) This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest... 6. REQUIRED SIGNATURE(S) 7. If filed in Florida (check one) 8. This FINANCING STATEMENT is to be filed in the REAL ESTATE RECORDS... 9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s)

(2) ACKNOWLEDGEMENT COPY

NATIONAL FINANCING STATEMENT (FORM UCC1) (REV. 12/18/95)

TRADEMARK

WOLCOTT'S FORM UCCNAT01 (print class 13E)

RECORDED: 06/14/2001

REEL: 002314 FRAME: 0231