



101796341

TO THE ASSISTANT COMMISSIONER OF PATENTS AND

ial documents or copy thereof.

1. Name of conveying party(ies): (If multiple assignors, list numerically)

RS LICENSING CORP.

08/02/01

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

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

2. Name and address of receiving party(ies):

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:

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) **June 27, 2001**

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

- a. Trademark Application No(s):
- b. Trademark Registration No(s):

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.: RSLIC.UCC1

7. Total fee (37 CFR 1.21(h)): \$365.00

- 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:  
14

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

7/3/01  
Date

Total number of pages including cover sheet, attachments and document: 5

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

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

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# Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
RSLIC.001T	DUNK	28	US	ALLOWED	75/507463	6/23/98			
RSLIC.002T	DUNK	18	US	ALLOWED	75/507466	6/23/98			
RSLIC.003T	DUNK	25	US	ALLOWED	75/507473	6/23/98			
RSLIC.005T	DUNQ	25,28	US	Abandoned	75/560674	9/29/98			
RSLIC.006T	DUNK.NET	18,25,28	US	PENDING	75/611960	12/24/98			
RSLIC.009T	MISCELLANEOUS DESIGN	18,25,28	US	ALLOWED	75/739419	6/29/99			
RSLIC.010T	MISCELLANEOUS DESIGN (CIRCLE..	25	US	ALLOWED	75/608917	12/21/98			

Monday, July 30, 2001

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Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date	Renewal Date
RSLIC.016T	MISCELLANEOUS DESIGN	18,25,28	US	ALLOWED	75/801391	9/16/99			
RSLIC.017T	MISCELLANEOUS DESIGN	18,25,28	US	ALLOWED	75/801166	9/16/99			
RSLIC.018T	MISCELLANEOUS DESIGN	18,25,28	US	ALLOWED	75/801390	9/16/99			
RSLIC.019T	MISCELLANEOUS DESIGN	18,25,28	US	ALLOWED	75/801393	9/16/99			
RSLIC.020T	MISCELLANEOUS DESIGN (BLACK)	18,25,28	US	ALLOWED	75/802603	9/16/99			
RSLIC.021T	MISCELLANEOUS DESIGN (CIRCLE..	18,25,28	US	ALLOWED	75/801392	9/16/99			
RSLIC.030TIS	DONK	25,28	US	Published	75/931734	2/28/00			

Monday, July 30, 2001

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**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.

A. NAME & TEL. # OF CONTACT AT FILER (optional) <b>Cristina Diaz 949-863-5781</b>	B. FILING OFFICE ACCT. # (optional)
C. RETURN COPY TO: (Name and Mailing Address)  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Knobbe, Martens, Olson &amp; Bear, LLP            Attn: Cristina Diaz            620 Newport Center Drive, 16th Floor            Newport Beach, CA 92660</p> </div>	

**FILED**  
**SACRAMENTO, CA**  
**JUN 27, 2001 AT 0800**  
**BILL JONES**  
**SECRETARY OF STATE**

D. OPTIONAL DESIGNATION (if applicable):	LESSOR/LESSEE	CONSIGNOR/CONSIGNEE	NON-UCC FILING
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**1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)**

1a. ENTITY'S NAME <b>RS Licensing Corp.</b>							
OR	1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>1620 26th Street South Tower, Ste 300 Santa Monica</b>				CITY	STATE	COUNTRY	POSTAL CODE
				<b>CA</b>	<b>US</b>	<b>90404</b>	
1d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY/DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION		1g. ENTITY'S ORGANIZATIONAL I.D.#, if any		
						<input type="checkbox"/> 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 I.D.#	OPTIONAL ADD'NL INFO RE ENTITY/DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION		2g. ENTITY'S ORGANIZATIONAL I.D.#, if any		
						<input type="checkbox"/> 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 <b>Knobbe, Martens, Olson &amp; Bear, LLP</b>							
OR	3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>620 Newport Center Drive, 16th Floor Newport Beach</b>				CITY	STATE	COUNTRY	POSTAL CODE
				<b>CA</b>	<b>US</b>	<b>92660</b>	

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

SEE ATTACHED EXHIBIT "A"

5. CHECK <input checked="" type="checkbox"/> BOX (if applicable) This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable <input type="checkbox"/>
6. REQUIRED SIGNATURE(S) <i>Margaret J. Jones</i> ATTORNEY IN FACT	8. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum. (if applicable)
9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	