

Form PTO-1594

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

New Age Products, Inc.

- Individual(s), 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: New Advanced Products, Inc.

Internal Address:

Street Address: 4779 Woodlanc Circle

City: Tallahassee State: FL Zip: 32303

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State Florida, Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other

Execution Date: October 1, 2002

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

A. Trademark Application No.(s)

75/757,192

B. Trademark Registration No.(s)

2,026,453 2,453,164

Additional number(s) attached Yes No

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

Name: Neil F. Martin

Internal Address:

Street Address: 1660 Union Street

City: San Diego State: CA Zip: 92101

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41): \$ 90.00

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number: 02-4070

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

Neil F. Martin

Name of Person Signing

Signature

December 30, 2002

Date

Total number of pages including cover sheet, attachments, and document: 4

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

**ASSIGNMENT**

WHEREAS, New Age Products, Inc., a California corporation, has adopted, used and is using the following marks which are registered in the U.S. Patent and Trademark Office:

Chop & Chop	Registration No.: 2,026,453	Issued: 12/31/96
Cut and Funnel	Registration No.: 2,453,164	Issued: 05/22/01

and has a pending application for the mark

Flexy Pour & Funnel	Serial No.: 75/757,192	Filed: 07/22/99
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and

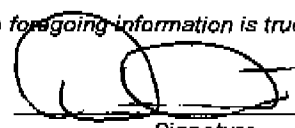
WHEREAS, New Advanced Products, Inc., a Florida corporation, having a place of business at 4779 Woodlane Circle, Tallahassee FL 32303, is desirous of acquiring said trademarks and the registrations and application thereof.

NOW, THEREFORE, in consideration of and in exchange for the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, New Age Products, Inc., hereby assigns, transfers and sets over unto New Advanced Products, Inc., all right, title and interest in and to said marks, together with the goodwill of the business in connection with which the marks are used.

Signed at Tallahassee, this 1 day of October, 2002.

NEW AGE PRODUCTS, INC.

By:   
Marvin Mick  
President

<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇨ ⇨ ⇨		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
<b>1. Name of conveying party(ies):</b> New Age Products, Inc.  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>California</u> <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> Name: <u>New Advanced Products, Inc.</u> Internal Address: _____  Street Address: <u>4779 Woodlane Circle</u> City: <u>Tallahassee</u> State: <u>FL</u> Zip: <u>32303</u>  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Florida</u> <input type="checkbox"/> Other _____  <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          (Designations must be a separate document from assignment)          Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>	
<b>3. Nature of conveyance:</b> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____  Execution Date: <u>October 1, 2002</u>		
<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s) <u>75/757,192</u>  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Trademark Registration No.(s) <u>2,026,453 2,453,164</u>	
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Neil F. Martin</u>  Internal Address: _____  Street Address: <u>1660 Union Street</u>  City: <u>San Diego</u> State: <u>CA</u> Zip: <u>92101</u>	<b>6. Total number of applications and registrations involved:</b> ..... <span style="border: 1px solid black; padding: 2px;">3</span>  <b>7. Total fee (37 CFR 3.41)</b> .....\$ <u>90.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  <b>8. Deposit account number:</b> <u>02-4070</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
<b>DO NOT USE THIS SPACE</b>		
<b>9. Statement and signature.</b> <i>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.</i>  <u>Neil F. Martin</u>  <u>December 30, 2002</u> Name of Person Signing      Signature      Date  <small>Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">4</span></small>		

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