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Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

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

1. Name of conveying party(ies):

Imagine Inc.

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State South Carolina, Other

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

2. Name and address of receiving party(ies)

Name: Pasha Publications, Inc.

Internal Address:

Street Address: 1925 N. Lynn St., #1052

City: Arlington State: VA Zip: 22209

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State Virginia, 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) & address(es) attached? Yes No

3. Nature of conveyance:

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

Execution Date: November 25, 2002

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

A. Trademark Application No.(s) 2031332

B. Trademark Registration No.(s) 2031332

Additional number(s) attached Yes No

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

Name: Elizabeth A. Jaffe

Internal Address:

Columbade, Eisenman Assoc, Bell & Pedcoe

Street Address: 437 Madison Ave, 35th floor

City: NY State: NY Zip: 10022

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

- Enclosed (previously), Authorized to be charged to deposit account

8. Deposit account number:

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Elizabeth A. Jaffe Name of Person Signing

Signature

10/1/03 Date

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

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(Rev. 10/02) **4-28-03** RE: **7**
OMB No. 0651-0027 (exp. 6/30/2005)
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U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):
Imagine Inc. 12-18-02

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State **South Carolina**
 Other _____

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

2. Name and address of receiving party(ies)
Name: **Pasha Publications, Inc.**
Internal _____
Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State **Virginia**
 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)
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Name: **Elizabeth A. Jaffe**
Internal Address: _____
Golenbock, Eisenman, Assor, Bell & Peskoe
Street Address: **437 Madison Ave, 35 Fl.**
City: **NY** State: **NY** Zip: **10022**

6. Total number of applications and registrations involved: **1**

7. Total fee (37 CFR 3.41).....\$ **40.00**
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: _____

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9. Signature.
Elizabeth A. Jaffe **Elizabeth A. Jaffe** **12/16/02**
Name of Person Signing Signature Date

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