

Form PTO-1594 (Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):

LucasArts Entertainment Company LLC

- Individual(s)
- General Partnership
- Corporation-State
- Other Limited Liability Company
- Association
- Limited Partnership

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

3. Nature of conveyance:

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

Execution Date: March 31, 2003

2. Name and address of receiving party(ies)

Name: Lucasfilm Entertainment Company Ltd.

Internal

Address: \_\_\_\_\_

Street Address: 5858 Lucas Valley Road

City: Nicasio State: CA Zip: 94947

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation-State California
- 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

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

A. Trademark Application No.(s) None

B. Trademark Registration No.(s) 1679907

Additional number(s) attached  Yes  No

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

Name: Carole F. Barrett

Internal Address: \_\_\_\_\_

Street Address: Three Embarcadero Center

Seventh Floor

City: San Francisco State: CA Zip: 94111-4024

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:

Please charge deposit account 082792. O/r 40061.18

DO NOT USE THIS SPACE

9. Signature.

Carole F. Barrett  
Name of Person Signing

Carole F. Barrett  
Signature

10/23/03  
Date

Total number of pages including cover sheet, attachments, and document: - 3 -

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

CH \$40.00 082792 1679907

**Recordation Form Cover Sheet****Change of Name - Blank Page**

The attached Recordation Form Cover Sheets are to record the Change of Name:

Conveying Party: LucasArts Entertainment Company LLC

Receiving Party: Lucasfilm Entertainment Company Ltd.

Law Offices of  
**HOWARD, RICE, NEMEROVSKI, CANADY, FALK & RABKIN**  
 A Professional Corporation  
 Three Embarcadero Center, Seventh Floor  
 San Francisco, CA 94111  
 Tel. 415/434-1600 - Fax 415/217-5910

TELECOMMUNICATIONS TRANSMITTAL SHEET

October 22, 2003

23 wd

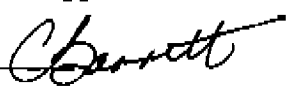
PLEASE NOTE: THIS FACSIMILE AND THE INFORMATION IT CONTAINS ARE INTENDED TO BE A CONFIDENTIAL COMMUNICATION ONLY TO THE PERSON(S) SPECIFIED IN THE "TO" LINE BELOW. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL FAX TO THE ABOVE ADDRESS BY UNITED STATES MAIL. THANK YOU.

TO: Assignment Branch FAX: 703.306.5995  
 UNITED STATES PATENT AND  
 TRADEMARK OFFICE TEL: 703.308.9723  
 2900 Crystal Drive  
 Arlington, VA 22202-3513

FROM: Carole Barrett  
 TOTAL NO. OF PAGES (including this cover page): 3  
 Recordal of Name Change - 1 registration

Mark: SECRET WEAPONS OF THE LUFTWAFFE  
 Class: 09  
 Reg No. 1679907  
 Our Ref.: 40061.18

We attach a copy of the Recordation Form Cover Sheets. The Trademark Office is hereby authorized to charge the Deposit Account of Howard, Rice, Nemerovski, Canady, Falk & Rabkin, Account No. 08-2792 the amount of \$40.00 as the filing fee for the request for recordal of name change of applicant.

  
 Carole F. Barrett  
 Attorney for Registrant

If you do not receive all pages, call the fax room at 415/765-4612 (after 9:00 p.m. call 415/399-3040) to speak directly to a facsimile operator.

Opr: \_\_\_\_\_  
 RETURN TO: Kathleen Bliven (8) 40061.18