

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
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<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
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<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Just Lenses Inc.		03/16/2000	CORPORATION: NEVADA

<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Lens.com, Inc.
<b>Doing Business As:</b>	Just Lenses
<b>Street Address:</b>	P.O. Box 27740
<b>City:</b>	Las Vegas
<b>State/Country:</b>	NEVADA
<b>Postal Code:</b>	89126
<b>Entity Type:</b>	CORPORATION: NEVADA

<b>PROPERTY NUMBERS Total: 1</b>		
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>
Serial Number:	78076812	LENS

<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(419)382-9592
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	419-382-9590
<b>Email:</b>	tony@cyberlawyer.com
<b>Correspondent Name:</b>	Anthony J. DeGidio Esq.
<b>Address Line 1:</b>	3738 Treelawn Dr.
<b>Address Line 4:</b>	Toledo, OHIO 43614

<b>NAME OF SUBMITTER:</b>	Anthony J. DeGidio Esq.
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<b>Total Attachments: 2</b> source=corpdocs 001#page1.tif source=corpdocs 001#page2.tif
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NEVADA CORP HQ

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03/15/2000 09:05 8733471

NEVADA CORP HQ

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Dean Heller  
Secretary of State

Telephone (775) 684-5708  
Fax (775) 684-5725  
Web site <http://sds.state.nv.us>  
Filing fee:

FILED # C3869-98

MAR 20 2000


IN THE OFFICE OF  
Dean Heller  
DEAN HELLER, SECRETARY OF STATE

STATE OF NEVADA  
OFFICE OF THE SECRETARY OF STATE  
101 N. CARSON ST., STE. 3  
CARSON CITY, NEVADA 89701-4786

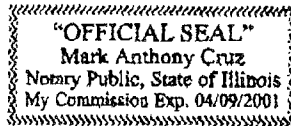
**CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION**  
**For Profit Nevada Corporations**  
(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)  
- Remit in Duplicate-


1. Name of Corporation: **JUST LENSES, INC.**
2. The articles have been amended as follows (provide article numbers, if available): 1. The name of the corporation is: **LENS.COM, INC.**
3. The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation have voted in favor of the amendment is: 100%

4. Signatures:  
  
\_\_\_\_\_  
President or Vice President  
(acknowledgment required)

  
\_\_\_\_\_  
Secretary or Asst. Secretary  
(acknowledgment not required)

State of: ILLINOIS  
County of: COOK  
This instrument was acknowledged before me on  
MARCH 16, 2000, by  
MARK ANTHONY CRUZ (Name of Person)  
as SECRETARY (as designated to sign this  
certificate) of AMONBART certificate) of  
JUST LENSES, INC.  
(name on behalf of whom instrument was executed)



  
\_\_\_\_\_  
Notary Public Signature

\*If any proposed amendments would alter or change any preference of any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless of limitations or restrictions on the voting power thereof.

IMPORTANT: Failure to include any of the above information and remit the proper fees may cause this filing to be rejected.

Exhibit E

FILED

2000 MAR 27 P 4:43

**Certificate of Business: Fictitious Firm Name**

The undersigned do(es) hereby certify that LENS.COM, INC.,

conducting a MAIL ORDER CONTACT LENSES AND SUNGLASSES business at 5300 W. Sahara, Suite 101, Las Vegas, NV 89146,

under the fictitious firm name of: JUST LENSES

and that the said firm is composed of the following person \_\_\_ whose name \_\_\_ are as follows, to wit:

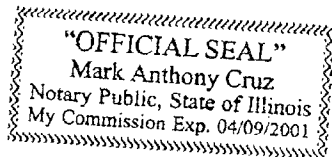
- (1) CARY SAMOURKACHIAN (Full name - Please print or type)
- P.O. BOX 27740 (Address)
- LAS VEGAS NV 89126 (City, State, Zip)
- (2) \_\_\_\_\_ (Full name - Please print or type)
- \_\_\_\_\_ (Address)
- \_\_\_\_\_ (City, State, Zip)
- (3) \_\_\_\_\_ (Full name - Please print or type)
- \_\_\_\_\_ (Address)
- \_\_\_\_\_ (City, State, Zip)
- (4) \_\_\_\_\_ (Full name - Please print or type)
- \_\_\_\_\_ (Address)
- \_\_\_\_\_ (City, State, Zip)

Witness my hand on this 10TH day of MARCH, 2000.

- (1) [Signature]
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

State of ILLINOIS  
) ss.  
County of COOK

On the day set forth below, CARY SAMOURKACHIAN, (name(s)) personally appeared before me, a notary public in and for the County and State listed above. he is(are) the person(s) who executed this instrument voluntarily for the purposes mentioned. Witnessing this, I have affixed my official seal and signed my name in the County and State shown above on the date listed below. This instrument has been subscribed and sworn to before me this 10TH day of MARCH, 2000.



[Signature]  
Signature of Notary

Exhibit F