

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

SPORTS CREATIVE GROUP, INC.

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

Citizenship (see guidelines) U.S.A. / NY

Execution Date(s) 09/06/2004

Additional names of conveying parties attached? Yes No

3. Nature of conveyance:

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Black Fives, Inc.

Internal Address: _____

Street Address: 27 Hawthorne St. No.

City: Greenwich

State: CT

Country: U.S.A. Zip: 06831

- Association
 - General Partnership
 - Limited Partnership
 - Corporation
 - Other
- Citizenship U.S.A. / CT

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2133054

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Black Fives, Inc.

Internal Address: Attn: Claude Johnson

Street Address: 27 Hawthorne St. North

City: Greenwich

State: CT Zip: 06831

Phone Number: 203-532-4610

Fax Number: 203-531-8481

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

Previously submitted online.

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Claude Johnson

Signature

9/23/04

Date

CLAUDE JOHNSON

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

FROM:

Sports Creative Group, Inc.
27 Hawthorne Street North
Greenwich, CT 06831

REF: Document ID
900012484

TO:
Black Fives, Inc.
27 Hawthorne Street North
Greenwich, CT 06831

SUBJECT: Assignment of Trademark Registration 2133054 To Black Fives, Inc.

With this notice I, Claude Johnson, a Duly Authorized Officer of Sports Creative Group, Inc., hereby assign all rights, title, and interest in the Registered Trademark 2133054 from Sports Creative Group, Inc. to Black Fives, Inc., located at the address above, together with the goodwill of the business associated therewith.

TRADEMARK:



Signed:

Claude Johnson

Claude Johnson
Duly Authorized Officer
Sports Creative Group, Inc.