

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Suspect. Clothing Company		05/28/2004	PARTNERSHIP:
RECEIVING PARTY DATA			
Name:	Suspect. Clothing, Inc.		
Street Address:	4420 Lankershim Blvd.		
City:	Toluca Lake		
State/Country:	CALIFORNIA		
Postal Code:	91602		
Entity Type:	CORPORATION:		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78357766	SUSPECT.	
CORRESPONDENCE DATA			
Fax Number:	(818)760-1329		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	818-760-1328		
Email:	brian@suspectclothing.com		
Correspondent Name:	Suspect. Clothing, Inc.		
Address Line 1:	4420 Lankershim Blvd.		
Address Line 4:	Toluca Lake, CALIFORNIA 91602		
NAME OF SUBMITTER:	Brian C. Nolan		
Signature:	/brian c. nolan/		
Date:	05/04/2005		

Total Attachments: 2
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**TRADEMARK
 REEL: 003077 FRAME: 0920**

OP \$40.00 78357766



State of California

Kevin Shelley

Secretary of State

STATEMENT OF INFORMATION

(Domestic Stock Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

2614299

DUE DATE: AUGUST 26, 2004

SUSPECT CLOTHING, INC.

RECEIVED
AUG 26
SNYDER DORENFELD, LLP

This Space For Filing Use Only

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 1502)

2. CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THIS STATEMENT OF INFORMATION AND THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP). SEE ITEM 2 OF INSTRUCTIONS.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be PO Boxes.)

Table with 4 columns: Item number, Address, City and State, Zip Code. Rows 3-5.

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this statement must not be altered.)

Table with 4 columns: Item number, Name/Title, Address, City and State, Zip Code. Rows 6-8.

NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (The corporation must have at least one director. Attach additional pages, if necessary.)

Table with 4 columns: Item number, Name, Address, City and State, Zip Code. Rows 9-11.

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

AGENT FOR SERVICE OF PROCESS

- If an individual, the agent must reside in California and item 14 must be completed with a California address.
• If another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 14 must be left blank.

13. NAME OF AGENT FOR SERVICE OF PROCESS

14. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE CA

TYPE OF BUSINESS

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

TYPE OR PRINT NAME OF OFFICER OR AGENT SIGNATURE TITLE DATE

2614299



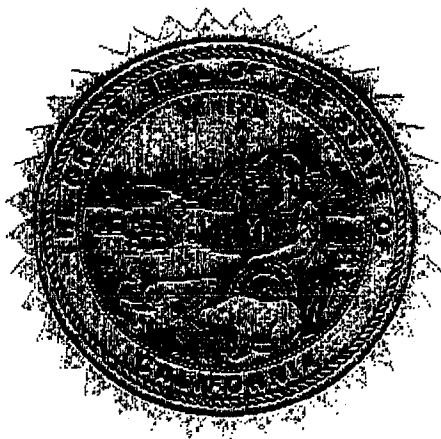
SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 28 2004



Kevin Shelley
Secretary of State