

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Wibbles LLC		09/02/2005	LIMITED LIABILITY COMPANY: CALIFORNIA

RECEIVING PARTY DATA

Name:	tWibbles LLC
Street Address:	358 Bohemian Highway
City:	Sebastopol
State/Country:	CALIFORNIA
Postal Code:	95472
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 7

Property Type	Number	Word Mark
Serial Number:	78578099	T*WIBBLES
Serial Number:	78578092	TWIBBLES
Serial Number:	76560004	WIBBLES
Serial Number:	76589334	WHERE ARE YOUR WIBBLES?
Serial Number:	76589336	KEEP ONE, TRADE ONE
Serial Number:	76589335	COLLECTABLE, TRADABLE, WEARABLE, WIBBLES
Serial Number:	76588555	THE LAUNCH

CORRESPONDENCE DATA

Fax Number: (703)770-7901
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 703-770-7900
 Email: va-logocops@pillsburywinthrop.com
 Correspondent Name: Patrick J. Jennings
 Address Line 1: 1650 Tysons Blvd.

CH \$190.00 78578099

Address Line 4: McLean, VIRGINIA 22102

ATTORNEY DOCKET NUMBER: 93833/315175

NAME OF SUBMITTER: Patrick J. Jennings

Signature: /Pat Jennings/

Date: 10/19/2005

Total Attachments: 3
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California Business Portal

Secretary of State BRUCE McPHERSON

DISCLAIMER: The information displayed here is current as of Oct 7, 2005 and is updated weekly. It is not a complete or certified record of the Limited Partnership or Limited Liability Company.

LP/LLC		
TWIBBLES LLC		
Number: 200407010152	Date Filed: 3/8/2004	Status: active
Jurisdiction: CALIFORNIA		
Address		
358 BOHEMIAN HWY		
SEBASTOPOL, CA 95472		
Agent for Service of Process		
HEIDI JACQUIN		
358 BOHEMIAN HWY		
SEBASTOPOL, CA 95472		

Fees and instructions for requesting certification of limited partnership and/or limited liability company records are included on the LP/LLC Records Order Form.

Blank fields indicate the information is not contained in the computer file.

If the agent for service of process is a corporation, the address of the agent must be requested in writing. Fees and instructions for requesting this information are included on the Corporate Records Order Form.



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200407010152 2. NAME OF LIMITED LIABILITY COMPANY WIBBLES LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS 'LIMITED LIABILITY COMPANY,' 'LTD LIABILITY CO' OR THE ABBREVIATIONS 'LLC' OR 'L.L.C.') WIBBLES LLC (TWIBBLES LLC) lowercase 'T'

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): [X] ONE MANAGER [] MORE THAN ONE MANAGER [] ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:

D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY: 0

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. Signature of Heidi Jacquuin, Member/Manager, dated September 2, 2005.

7. RETURN TO: NAME MICHAEL P. GARCIA, ESQ. FIRM LANAHAN & REILLEY LLP ADDRESS 600 BICENTENNIAL WAY SUITE 300 CITY/STATE SANTA ROSA, CA95403 ZIP CODE

Notice of Business Change

For use by all tax types

Please print

Current name of business WIBBLES LLC		Minnesota tax ID number 7431087
Name of contact person HEIDI JACQUIN	Daytime phone 707-874-2163	Fax 707-874-9266

Name or address

Change/correct name or address. If there is a legal change in ownership, you must call our Registration Services office.

New legal name of business
tWIBBLES LLC

New business trade name (name under which you are doing business if different from legal name)

Check if you're changing or correcting your main address mailing address

New address

City State Zip code

Location

Consolidated filers only

- Add a business location If deleting a location, enter number from location info sheet
 Delete a business location

Address	City	State	Zip code	Location number

Tax type

Add additional tax types. Enter the tax types you want added to your account.

Tax type	Start date (mo/yr)	Tax type	Start date (mo/yr)

For sales and use tax only, check your filing frequency based on your average estimated sales and use tax for one month. If you expect your sales and use tax to be (check one):

- \$500 or more per month, you are required to file monthly.
 less than \$500 per month, you are required to file quarterly.
 \$100 or less per month, you are required to file annually.

ID number

Cancel Minnesota tax ID number. Check one.

- My business is closed. Cancel my number for all tax types. Enter date business closed: _____
 Note: You must file all required tax returns for the period.
- Cancel my number for sales tax only. Enter last month/year sales were made: _____
- Cancel my number for withholding only. Enter last month/year wages were paid: _____

Mail or fax this form to: Minnesota Revenue, Mail Station 4410, St. Paul, MN 55146-4410. Fax: 651-297-2265
Registration Services: 651-282-5225 weekdays between 9:00 a.m. and 4:00 p.m. TTY: 711 Minnesota Relay.
 We'll provide information in an alternative format upon request.