

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

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):

Cyberstar, L.P.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) December 15, 2005

- 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: Cyberstar, LLC
 Internal
 Address: c/o Loral SpaceCom Corporation
 Street Address: 600 Third Avenue
 City: New York
 State: NY
 Country: USA Zip: 10016

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Delaware
- Other _____ Citizenship _____

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)
2,340,730

Additional sheet(s) attached? Yes No

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

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

Name: Anthony W. Karambelas
 Internal Address: _____
 Street Address: 655 Deep Valley Drive, Suite 303
 City: Rolling Hills Estates
 State: CA Zip: 90274
 Phone Number: 310 265 9565
 Fax Number: 310 265 9545
 Email Address: Debbie@Karambelas.us

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(8) & 3.41) \$ 40.00

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

8. Payment Information:

a. Credit Card Last 4 Numbers 1000
Expiration Date 02/07

b. Deposit Account Number _____
Authorized User Name _____

9. Signature: *Anthony W. Karambelas*
Signature

1/12/06
Date

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 (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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