

04-19-2006



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

1. Name of conveying party(ies):
JELLIFISH INC.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: JELLIFISH INT'L CORP. USA
Internal Address: N/A
Street Address: P.O. BOX 3481
City: OAK BROOK
State: ILLINOIS
Country: U.S.A. Zip: 60522-3481

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship ILLINOIS / U.S.A.
 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)

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

Execution Date(s) APRIL 10, 2006

Assignment Merger
 Security Agreement Change of Name
 Other _____

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

A. Trademark Application No.(s)
76390563

B. Trademark Registration No.(s)
2757300

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
"JELLIFISH" (CURRENTLY IN USE IN IC 015 AND IC 025 AS PER REGISTRATION)

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

Name: JELLIFISH INT'L CORP. USA
Internal Address: _____
Street Address: P.O. BOX 3481
City: OAK BROOK
State: ILLINOIS Zip: 60522-3481
Phone Number: (630) 586-9330 EXT. 101
Fax Number: (630) 214-5000
Email Address: robb@jellifish.com

6. Total number of applications and registrations involved: - 1 -

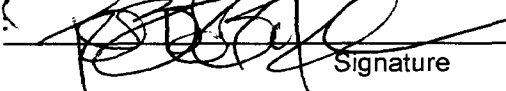
7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

Authorized to be charged by credit card
 Authorized to be charged to deposit account
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8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:  _____

APRIL 10, 2006
Date

Robert T. Hendrickson II
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 01 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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CORPORATION FILE DETAIL REPORT

Entity Name	JELLIFISH INT'L CORP. USA	File Number	61974172
Status	GOODSTANDING		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	01/16/2002	State	ILLINOIS
Agent Name	ROBERT T HENDRICKSON	Agent Change Date	03/09/2006
Agent Street Address	11 WINDSOR DR	President Name & Address	ROBERT THEODORE HENDRICKSON 11 WINDSOR DR OAK BROOK 60523
Agent City	OAK BROOK	Secretary Name & Address	SAME
Agent Zip	60523-0000	Duration Date	PERPETUAL
Annual Report Filing Date	02/14/2006	For Year	2006
Old Corp Name	03/03/2006 - JELLIFISH INC.		

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