

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	06/28/2006

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MARKETPLACE ADVERTISING, INC.		06/28/2006	CORPORATION: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	BROAD STREET MAGAZINES, LLC
Street Address:	1735 Market Street
Internal Address:	3200 Mellon Bank Center
City:	Philadelphia
State/Country:	PENNSYLVANIA
Postal Code:	19103-7595
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1609758	HOMES & LIVING

CORRESPONDENCE DATA

Fax Number: (714)755-8290
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 714-540-1235
 Email: ipdocket@lw.com
 Correspondent Name: Julie L. Dalke
 Address Line 1: 650 Town Center Drive, 20th Floor
 Address Line 4: Costa Mesa, CALIFORNIA 92626

ATTORNEY DOCKET NUMBER:	038264-0060
NAME OF SUBMITTER:	Julie L. Dalke

OP \$40.00 1609758

Signature:

/juliieldalke/

Date:

07/17/2006

Total Attachments: 7

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Merger or Consolidation
Limited Liability Company
(15 Pa. C.S. § 8958)

Name	
Address	
City	CT CORP-COUNTER

Document will be returned to the name and address you enter to the left.



Fee: \$150 plus \$40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
BROAD STREET MAGAZINES, LLC

2. Check and complete one of the following:

The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
1735 MARKET STREET, 3200 MELLON BANK CENTER,	PHILADELPHIA, PA		19103-7595	PHILADELPHIA

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

The surviving limited liability company is a qualified foreign limited liability company formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip

JUN 20 09 49 19
 PA DEPARTMENT OF STATE

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
MARKETPLACE ADVERTISING, INC.	C/O CT CORPORATION SYSTEM		PHILADELPHIA

4. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

The plan of merger or consolidation shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
MARKETPLACE ADVERTISING, INC.	ADOPTED BY THE DIRECTORS AND SHAREHOLDER
BROAD STREET MAGAZINES, LLC	ADOPTED BY THE MANAGER AND MEMBER

6. ~~Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:~~
~~The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.~~

7. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

1735 MARKET ST., 3200 MELLON BANK CENTER, PHILA., PA 19103-7595	PHILADELPHIA
Number and street	City State Zip County

DSCB: 15-8958-3

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

28 day of JUNE, 2006.

BROAD STREET MAGAZINES, LLC

Name of Limited Liability Company


Signature

PATRICK J. TALAMANTES, MANAGER

Title

MARKETPLACE ADVERTISING, INC.

Name of Limited Liability Company (CORPORATION)


Signature

PATRICK J. TALAMANTES, President

Title

Docketing Statement (Changes)
DSCB:15-134B

BUREAU USE ONLY:

Revenue Labor & Industry

Other _____

File Code _____ Filed Date _____

Part I. Complete for each filing:

Current name of entity or registrant (survivor or new entity if merger or consolidation): BROAD STREET MAGAZINES, LLC		
Entity number, if known: _____	Incorporation/qualification date in PA: _____	
State of Inc: PA _____	Federal EIN: 20-5023974	Specified effective date, if any: _____

Part II. Check proper box:

<input type="checkbox"/> Amendment (complete Section A)	<input checked="" type="checkbox"/> Merger, Consolidation or Division (complete Section B,C or D)
<input type="checkbox"/> Consolidation (complete Section C)	<input type="checkbox"/> Division (complete Section D)
<input type="checkbox"/> Conversion (complete Section A & E)	<input type="checkbox"/> Correction (complete Section A)
<input type="checkbox"/> Termination (complete Section H)	<input type="checkbox"/> Revival (complete Section G)
<input type="checkbox"/> Dissolution before Commencement of Business (complete Section F)	

<input type="checkbox"/> Section A - Check box(es) which pertain to changes:					
Name: _____					
Registered Office: Number & street/RD number & box number		City	State	Zip	County
Purpose: _____					
Stock (aggregate number of share authorized): _____			Effective date: _____		
Term of Existence: _____			Other: _____		

<input checked="" type="checkbox"/> Section B - Merger Complete Section A if any changes to surviving entity: Merging Entities are: (attach sheet for additional merging entities)		
Name: MARKETPLACE ADVERTISING, INC.	Entity #, if known: 2735323	
Effective date: 1/24/1997	Inc./qual. date in PA: 1/24/1997	State of Inc. PA
Name:	Entity #, if known:	
Effective date:	Inc./qual. date in PA:	State of Inc.

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Entity Number

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

CT CORP-COUNTER

Document will be returned to the
name and address you enter to
the left.

Fee: \$125

Filed in the Department of State on _____

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):
BROAD STREET MAGAZINES, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
1735 MARKET STREET, 3200 MELLON BANK CENTER,	PHILA.	PA	19103-7595	PHILADELPHIA

(b) Name of Commercial Registered Office Provider _____ County _____
c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
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MELINDA A. ANDERSON WILSON SONSINI GOODRICH & ROSATI,	1301 AVENUE OF THE AMERICAS, 40TH FLOOR, NEW YORK, NY 10019-6022
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2005 JUN 20 PM 4:19
PHILADELPHIA, PA

DSCB:15-8913-2

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is:

month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

28 day of JUNE 2006

Melinda A. Anderson

Signature

MELINDA A. ANDERSON

Signature

Signature

Docketing Statement DSCB:15-134A (Rev 2001)
Departments of State and Revenue

One (1) copy required

BUREAU USE ONLY:	
Dept. of State Entity #	_____
Dept. of Rev. Box #	_____
Filing Period _____	Date 3 4 5 _____
SIC/NAICS _____	Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/> business stock
<input type="checkbox"/> business non-stock
<input type="checkbox"/> professional
<input type="checkbox"/> nonprofit stock
<input type="checkbox"/> nonprofit non-stock
<input type="checkbox"/> statutory close
<input type="checkbox"/> management
<input type="checkbox"/> cooperative
<input type="checkbox"/> insurance
<input checked="" type="checkbox"/> limited liability company
<input type="checkbox"/> restricted professional
<input type="checkbox"/> limited liability company
<input type="checkbox"/> business trust

Foreign Entities

State/Country _____	Date _____
<input type="checkbox"/> business	
<input type="checkbox"/> nonprofit	
<input type="checkbox"/> limited liability company	
<input type="checkbox"/> restricted professional	
<input type="checkbox"/> limited liability company	
<input type="checkbox"/> business trust	

Other

<input type="checkbox"/> domestication
<input type="checkbox"/> division
<input type="checkbox"/> consolidation

1. Entity Name: BROAD STREET MAGAZINES, LLC
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2. Individual name and mailing address responsible for initial tax reports:				
MICHAEL S. MILLER	400 NORTH BROAD STREET,	PHILA.,	PA	19130-4015
Name	Number and street	City	State	Zip

3. Description of business activity: PUBLISHING
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4. Specified effective date, if any: UPON FILING	
month/day/year _____	hour, if any _____

5. EIN (Employer Identification Number), if any: 20-5023974
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6. Fiscal Year End: LAST SUNDAY IN DECEMBER
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7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name): _____
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