

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):**

Bravo Media

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

Citizenship (see guidelines) New York

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 11/7/2007

- 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: Bravo Media LLC

Internal Address: \_\_\_\_\_

Street Address: 30 Rockefeller Plaza

City: New York

State: NY

Country: USA Zip: 10112

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_

Other LLC Citizenship New York

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)

Additional sheet(s) attached?  Yes  No

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

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

Name: Anne B. Nielsen

Internal Address: \_\_\_\_\_

Street Address: 100 Universal City Plaza

City: Universal City

State: California Zip: 91608

Phone Number: 818-777-6447

Fax Number: 818-866-1426

Email Address: anne.nielsen@nbcuni.com

**6. Total number of applications and registrations involved:**

6

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 165**

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

**8. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 500333

Authorized User Name Anne B. Nielsen

9. Signature:   
Signature

4/16/2008  
Date

Anne B. Nielsen  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

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

CH \$165.00 500333 1670590

**Recordation Form Cover Sheet – Trademark (Bravo Media LLC)****A) Trademark Registrations**

- a. “Bravo” – Reg. No. 1670590
- b. “Bravo on with the show” – Reg. No. 2664209
- c. “Bravo the film and arts network” – Reg. No. 2020004
- d. “Bravoarena” – Reg. No. 2574835
- e. “Filmologie” – 2806979
- f. “The IT Factor” – 2739823

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New York State  
Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
Albany, NY 12231  
www.dos.state.ny.us

**CERTIFICATE OF CONVERSION  
OF**

Bravo Media

*(Insert name of Partnership/Limited Partnership)*

**TO**

Bravo Media LLC

*(Insert name of Limited Liability Company)*

Under Section 1006 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:  
Bravo Media **LLC**

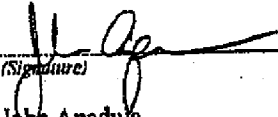
**SECOND:** The (partnership/limited partnership) was, in accordance with the provisions of the Limited Liability Company Law, duly converted to a limited liability company. (Please note: The conversion of a limited partnership to a limited liability company does not become effective until a certificate of cancellation is filed for the limited partnership. See LLLCL §1006(f)(g) and PL §121-203.)

**THIRD:** The name of the (partnership/limited partnership) was: **Bravo Media**  
In the case of a limited partnership, the date its initial certificate of limited partnership was filed by the Department of State is

**FOURTH:** The county within this state in which the office of the limited liability company is to be located is: **New York**

**FIFTH:** The Secretary of State is designated as the agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of process against the limited liability company served upon him or her is:

**Bravo Media LLC, 30 Rockefeller Plaza, New York, NY 10112**

x   
*(Signature)*  
**John Apadula**  
*(Type or print name)*  
**ORGANIZER**  
*(Title of signer)*

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CERTIFICATE OF CONVERSION  
OF

Bravo Media

*(Insert name of Partnership/Limited Partnership)*

TO

Bravo Media LLC

*(Insert name of Limited Liability Company)*

Under Section 1006 of the Limited Liability Company Law

Filed by:

Leela Mookerjee

*(Name)*

1299 Pennsylvania Avenue, NW

*(Mailing address)*

Washington, DC 20004

*(City, State and Zip code)*

cert # 7070826CS

ICC  
STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED NOV 07 2007

TAXS

BY:

*[Handwritten initials]*

FILED  
NOV -7 PM 1:20  
2007

NOTE: This form was prepared by the New York State Department of State for filing a certificate of conversion of a partnership or limited partnership to a newly formed limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$200 filing fee made payable to the Department of State.

*(For office use only)*

794

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