

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):

EchoStar Communications Corporation

- Individual(s) Association
- General Partnership Limited Partnership
- Corporation- State: Nevada
- 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: DISH Network Corporation

Internal

Address: _____

Street Address: 9601 South Meridian Boulevard

City: Englewood

State: CO

Country: US Zip: 80112

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship State of Nevada
- 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) January 20, 2008

- 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)

B. Trademark Registration No.(s)

2155313

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: John T. KENNEDY

Internal Address: DISH Network L.L.C.

Street Address: 9601 South Meridian Boulevard

City: Englewood

State: CO Zip: 80112

Phone Number: 303-723-1725

Fax Number: 303-723-1699

Email Address: ipdept@echostar.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
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 501072

Authorized User Name John T. KENNEDY

9. Signature:


Signature

5/19/08
Date

Stanton Dodge, Executive Vice President, General Counsel and Secretary

Name of Person Signing

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

5

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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Document processing fee
If document is filed on paper \$10.00
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Statement of Change

filed pursuant to §7-90-301, et seq. and §7-90-305.5 or §7-90-504 or §7-90-701 or §7-90-702 or §7-90-705 or §7-90-804 of the Colorado Revised Statutes (C.R.S.)

ID number: 20011030148

1. Entity name:

EchoStar Communications Corporation

2. True name:
(if different from the entity name)

Complete lines 3 - 15 as applicable. You must complete line 16.

3. Resignation of registered agent of record:

Date on which agent resigned: _____
(mm/dd/yyyy)

Registered agent: (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

Registered agent street address: _____
(Street name and number)

_____ CO _____
(City) (State) (Postal/Zip Code)

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

4. Appointment of new registered agent following resignation of registered agent of record:

Registered agent: (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

(Street name and number)

(City) CO (State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

5. Change of registered agent name and/or address of record:

Registered agent: (if an individual)

(Last) (First) (Middle) (Suffix)

OR (if a business organization)

The person appointed as registered agent in the document has consented to being so appointed.

Registered agent street address:

(Street name and number)

(City) CO (State) (Postal/Zip Code)

Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

If the change is being effected by the registered agent, the following statement applies:

The person appointed as registered agent has delivered notice of the change to the entity at the principal office address of its principal office.

6. Change of principal office address of record:

New principal office
street address:

(Street name and number)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

New principal office
mailing address:
(if different from above)

(Street name and number or Post Office Box information)

May 02 2008 14:28 HP LASERJET FAX

P. 4

08-May-02 01:05 PM EchoStar Satellite L.L.C. 3037231699

4/5

| | | |
|-------------------------------------|--------------------------------|----------------------------|
| _____ (City) | _____ (State) | _____ (Postal/Zip Code) |
| _____ (Province - if applicable) | _____ (Country - if not US) | |

7. Document number: 20011030149
(required for change(s) to 8, 9, 10,
and/or 11 below)

8. Change of entity name of record (LLP, art. 61 LLLP or foreign entity only):
New entity name: DISH Network Corporation

9. Change of true name of record (LLP, art. 61 LLLP, general partnership or foreign entity only):
New true name: _____

10. Change of jurisdiction of formation of record (foreign entity only):
New jurisdiction of formation: _____

11. Change of entity form of record (foreign entity only):
New entity form: _____

12. Other change(s) not provided for above:

If other information contained in the filed document is being changed, mark this box and include an attachment stating the information to be changed and each such change.

If other information is being added or deleted, mark this box and include an attachment stating each addition or deletion.

13. Withdrawal of Statement of Registration of True Name: (if applicable, mark this box)

14. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):
 "bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

15. (Optional) Delayed effective date: _____
(month/day/year)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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May 02 2008 14:28 HP LASERJET FAX

p. 5

08-May-02 01:05 PM EchoStar Satellite L.L.C. 3037231699

5/5

16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| | | | |
|--|--------------------------------------|----------------------------------|-------------------------|
| Strickland | Tracy | A. | |
| <small>(Last)</small> | <small>(First)</small> | <small>(Middle)</small> | <small>(Suffix)</small> |
| P.O. Box 6655 | | | |
| <small>(Street name and number or Post Office Box information)</small> | | | |
| Englewood | CO | 80155 | |
| <small>(City)</small> | <small>(State)</small> | <small>(Postal/Zip Code)</small> | |
| | USA | | |
| <small>(Province - if applicable)</small> | <small>(Country - if not US)</small> | | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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