

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Skytime, Inc.		01/30/2009	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Cincinnati Recipe, Inc.		
Street Address:	4180 thunderbird Lane		
City:	Fairfield		
State/Country:	OHIO		
Postal Code:	45014		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	74644847	CINCINNATI RECIPE	
Serial Number:	73544122	CINCINNATI RECIPE	
CORRESPONDENCE DATA			
Fax Number:	(513)421-7269		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	5132412324		
Email:	tremaklus@whepatent.com		
Correspondent Name:	Theodore R. Remaklus		
Address Line 1:	441 Vine Street		
Address Line 2:	2700 Carew Tower		
Address Line 4:	Cincinnati, OHIO 45202		
ATTORNEY DOCKET NUMBER:	SKY-04 / 122		
NAME OF SUBMITTER:	Theodore R. Remaklus		
Signature:	/theodore r remaklus/		

OP \$65.00 74644847

Date:

02/23/2009

Total Attachments: 4

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/05/2009	200903502364	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

KOHLEN & PATTON LLP
 PNC CENTER, STE. 800
 201 E. FIFTH ST.
 CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

709398

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CINCINNATI RECIPE, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200903502364



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 4th day of February, A.D.
 2009.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to Office of the Registrar	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

Certificate of Amendment by Shareholders or Members

(Domestic)

Filing Fee \$50.00

2009 FEB -4 PM 1:03

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS	(2) Domestic Nonprofit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amendment (128-AMD)
	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Complete the general information in this section for the box checked above.

Name of Corporation Skytime, Inc.

Charter Number 709398

Name of Officer Mark J. Zummo

Title Secretary

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*nonprofit only*)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*non-profit amended articles only*)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Cincinnati Recipe, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)



Authorized Representative
Mark J. Zummo, Secretary
(Print Name)

1-30-2009

Date

Authorized Representative
(Print Name)

Date



Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Nonprofit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input type="checkbox"/> Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of <input checked="" type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent 709398

Name of Entity Giving Consent Skytime, Inc.

Gives Its Consent To Skytime, Inc.

To Use The Name Cincinnati Recipe, Inc.

REQUIRED
Must be authenticated (signed) by an authorized representative

[Signature] Authorized Representative **SECRETARY** 1-30-2009 Date

Authorized Representative Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.