

04-30-2010



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REC-1
TI

To the Director of the U. S. Patent and Trademark Office

Transmit documents or the new address(es) below.

1. Name of conveying party(ies):

Acorn Capital Group, LLC

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

Citizenship (see guidelines) United States

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: Jabel Incorporated

Internal

Address: _____

Street Address: 365 Coit Street

City: Irvington

State: New Jersey

Country: USA

Zip: 07111

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship New Jersey

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) 09/19/2007; RELEASE BY SECURED PARTY

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

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

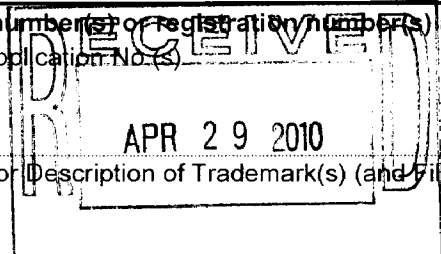
A. Trademark Application No. (s)

B. Trademark Registration No. (s)

ADD-A-CLUSTER- REG#1435489; ADD-A-SECTION - REG# 1435490;
JII - REG# 1591940; FFF - REG# 249652;

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: Michael T. Hensley, Esq.

Internal Address: Bressler, Amery & Ross, P.C.

Street Address: P.O. Box 1980

City: Morristown

State: New Jersey

Zip: 07962

Phone Number: (973) 514-1200

Fax Number: (973) 514-1660

Email Address: mhensley@bressler.com

6. Total number of applications and registrations involved:

5

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

\$ 140.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number 04/29/2010 DBYRNE 00000003 1435489

Authorized User Name 01 FC:8521

02 FC:8522

40.00
100.00

9. Signature:

April 27, 2010

Date

Michael T. Hensley, Esq.
Name of Person Signing

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

6

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

01-29-10
4-28-10

4B. Trademark Registration No.(s):

Masters In The Priceless Art Of Excellence – REG# 2639371.

TRADEMARK

REEL: 004196 FRAME: 0324

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

DEPARTMENT OF TREASURY
UCC SECTION
FILED

2007 SEP 17 P 5:00

A. NAME & PHONE OF CONTACT AT FILER (optional)
Michael A. Colodney, Esq. - (973) 514-1200

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Bressler, Amery & Ross, PC
325 Columbia Turnpike
Florham Park, NJ 07932

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
22868336 filed with the NJ Department of Treasury - UCC Section on March 15, 2005

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in records to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
JABEL INCORPORATED

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. **SEE INSTRUCTIONS** ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
JABEL INCORPORATED

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
12362.001

S/1898712
J 3550406

DEPARTMENT OF TREASURY
UCC SECTION
FILED

2007 SEP -7 P 5:00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ALBANY

RECORD AND RETURN TO:

UCC Direct Services
187 WOLF RD. SUITE 101
ALBANY, NY 12205

DT 11 12065699-Rm

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2206833-6 03/15/05

1b. This FINANCING STATEMENT AMENDMENT is to be filed for recording for record(s) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (all or partly): Give names of assignees in Item 7a or 7b and address of assignee in Item 7c, and also give names of assignor in Item 8.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor at Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes provides appropriate information in Items 6 and/or 7.

CHANGE name/party address. Please refer to the detailed instructions in Item 6 and/or 7.
 DELETE NAME: Give recent name to be deleted in Item 6a or 7a.
 ADD NAME: Complete Item 7a or 7b, and also Item 7c.

6. CURRENT RECORD INFORMATION

6a. ORGANIZATION'S NAME
JABEL INCORPORATED

OR

| | | | |
|-----------------------------------|-------------------|--------------------|---------------|
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

| | | | |
|-----------------------------------|-------------------|--------------------|---------------|
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

7c. MAILING ADDRESS

| | | | |
|-------------|--------------|--------------------|----------------|
| CITY | STATE | POSTAL CODE | COUNTRY |
| | | | |

| | | | | |
|---|---|---------------------------------|---|--|
| 7d. IDENTIFICATION Not Applicable | ADD. INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any |
| | | | | <input type="checkbox"/> NONE |

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire retained collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment; if this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
ACORN CAPITAL GROUP, LLC

OR

| | | | |
|-----------------------------------|-------------------|--------------------|---------------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |

10. OPTIONAL FILER REFERENCE DATA
JABEL INCORPORATED

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC-5) (REV. 05/22/02)

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