

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
Apress, LLC		03/22/2010	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	APress Media, LLC		
Street Address:	233 Spring Street		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10013		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Registration Number:	3152337	ABLOG	
Registration Number:	3341005	BEYOND THE MANUAL	
Registration Number:	2491114	BOOKS FOR PROFESSIONALS BY PROFESSIONALS	
Registration Number:	3591600	FRIENDSOF ED DESIGNER TO DESIGNER	
Registration Number:	2941919	FROM NOVICE TO PROFESSIONAL	
Registration Number:	2979602	MOST WANTED	
Registration Number:	3163538	TECHNOLOGY IN ACTION	
Registration Number:	3532379	TECHNOLOGY IN ACTION PRESS	
Registration Number:	3153909	THE AUTHOR'S PRESS	
CORRESPONDENCE DATA			
Fax Number:	(617)526-5000		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	617-526-6448		
Email:	janey.davidson@wilmerhale.com		

OP \$240.00 3152337

900183106

**TRADEMARK
 REEL: 004467 FRAME: 0231**

Correspondent Name: Michael J. Bevilacqua, Esquire
Address Line 1: Wilmer Cutler Pickering Hale and DorrLLP
Address Line 2: 60 State Street
Address Line 4: Boston, MASSACHUSETTS 02109

ATTORNEY DOCKET NUMBER:	173196500002
NAME OF SUBMITTER:	Michael J. Bevilacqua
Signature:	/michael j. bevilacqua/
Date:	02/03/2011

Total Attachments: 2
source=apress llc name change apress media llc 032310#page1.tif
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State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAR 23 2010

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT


A \$30.00 filing fee must accompany this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAR 22 2010

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 201000410004		2. NAME OF LIMITED LIABILITY COMPANY APress, LLC	
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY			
A. LIMITED LIABILITY COMPANY NAME (END OF THE NAME WITH THE WORDS "LIMITED COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")			
APress Media, LLC			
B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):			
<input type="checkbox"/> ONE MANAGER			
<input type="checkbox"/> MORE THAN ONE MANAGER			
<input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)			
C. AMENDMENT OF TEXT TO THE ARTICLES OF ORGANIZATION:			
D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THIS DISSOLUTION.			
4. FUTURE EFFECTIVE DATE, IF ANY:			
		MONTH	DAY
5. NUMBER OF PAGES ATTACHED, IF ANY:			
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.			
		3/18/10	
SIGNATURE OF AUTHORIZED PERSON		DATE	
Paul Manning, Manager			
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON			
7. RETURN TO:			
Name			
FIRM			
ADDRESS			
CITY/STATE			
ZIP CODE			

