

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
Risen Son, LLC		04/05/2011	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Risen Media, LLC		
Street Address:	5715 Kearny Villa Road, Suite 107		
City:	San Diego		
State/Country:	CALIFORNIA		
Postal Code:	92123		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3281238	RISEN	
CORRESPONDENCE DATA			
Fax Number:	(619)398-0192		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	6192381900		
Email:	docketing@procopio.com		
Correspondent Name:	Lisel M. Ferguson		
Address Line 1:	525 B Street, Suite 2200		
Address Line 4:	San Diego, CALIFORNIA 92101		
ATTORNEY DOCKET NUMBER:	116629-000001		
NAME OF SUBMITTER:	Lisel M. Ferguson		
Signature:	/Lisel M. Ferguson/		
Date:	04/12/2011		
Total Attachments: 2 source=Risen Change of Name Certificate#page1.tif source=Risen Change of Name Certificate#page2.tif			

CH \$40.00 3281238



**State of California
Secretary of State**

**LIMITED LIABILITY COMPANY
RESTATED ARTICLES OF ORGANIZATION**

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

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

APR 05 2011

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200810110151	2. NAME OF LIMITED LIABILITY COMPANY: Risen Son, LLC
3. NAME OF LIMITED LIABILITY COMPANY IF DIFFERENT FROM ITEM 2: (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY" OR "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC OR L.L.C.") Risen Media, LLC	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH: DAY: YEAR:	
5. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.	
6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS <input type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 7 <input checked="" type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 8. AGENT'S NAME: CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN CALIFORNIA AS CSC LAWYERS INCORPORATING SERVICE	
7. CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS. COMPLETE ONLY IF AN INDIVIDUAL. ADDRESS CITY STATE CA ZIP CODE:	
8. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE) <input checked="" type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)	
9. 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 THE LATEST DATE ON WHICH THE LIMITED LIABILITY IS TO DISSOLVE.	
10. TOTAL NUMBER OF PAGES ATTACHED, IF ANY:	
11. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <i>Allan Camaisa</i> 4/5/11 SIGNATURE OF AUTHORIZED PERSON DATE Allan Camaisa, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
12. RETURN TO: NAME Jon P. Schimmer FIRM Procopio, Cory, Hargreaves & Savitch LLP ADDRESS 525 B Street, Suite 2200 CITY/STATE San Diego, CA ZIP CODE 92101	



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office

APR 05 2011

A handwritten signature in cursive script, appearing to read "Debra Bowen".

Date: _____

A handwritten signature in cursive script, appearing to read "Debra Bowen".
DEBRA BOWEN, Secretary of State