

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings		RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>KA Studios, LLC</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other <u>Calif. limited liability Co.</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies) Name: <u>Havoc Television LLC</u> Internal Address: <u>Suite 239</u> Street Address: <u>88 Apollo St.</u> City: <u>El Segundo</u> State: <u>CA</u> Zip: <u>90245</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Calif. limited liability Co.</u> if assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>April 15, 2005</u>			4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>3071488</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>William E. Maguire</u> Internal Address: <u>Suite 400</u> Street Address: <u>11500 W. Olympic Blvd., Suite 400</u> City: <u>L.A.</u> State: <u>CA</u> Zip: <u>90064</u>			6. Total number of applications and registrations involved: 11 7. Total fee (37 CFR 3.41).....\$ <u>40</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account		
8. Deposit account number: <u>50-0606</u>			9. Signature. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <u>William E. Maguire</u> Name of Person Signing <u>Attorney of record</u> </div> <div style="text-align: center;"> <u>William E. Maguire</u> Signature </div> <div style="text-align: center;"> <u>04/20/2011</u> Date </div> </div> <div style="text-align: center; margin-top: 5px;"> Total number of pages (including cover sheet, attachments, and document): 2 </div>		

Mail documents to be recorded with required cover sheet information to:
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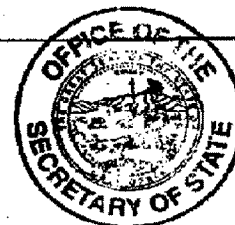
**State of California
Secretary of State****LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT****ENDORSED - FILED**
In the office of the Secretary of State
of the State of California**APR 19 2005**

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

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1. SECRETARY OF STATE FILE NUMBER 200319910115	2. NAME OF LIMITED LIABILITY COMPANY K2 Studios, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY. A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO.," OR THE ABBREVIATIONS "LLC" OR "L.L.C.") havoc Television 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 TO TEXT OF 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 THE DISSOLUTION.	
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7. RETURN TO: NAME James R. Zatochkin, Esq. FIRM PLG General Counsel, Inc. ADDRESS 5710 Center Drive West, Suite 710 CITY/STATE Los Angeles, CA ZIP CODE 90045	



SEC/STATE FORM LLC-2 (Rev. 03/2005) – FILING FEE \$30.00

APPROVED BY SECRETARY OF STATE