

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
Silicon Valley Sports & Entertainment, LLC		09/14/2011	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Sharks Sports & Entertainment, LLC		
Street Address:	525 W. Santa Clara Street		
City:	San Jose		
State/Country:	CALIFORNIA		
Postal Code:	95113		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2944198	SVSE SILICON VALLEY SPORTS & ENTERTAINMENT	
CORRESPONDENCE DATA			
Fax Number:	(408)287-2583		
Phone:	408-287-9501		
Email:	uspto@hogefernton.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Erin C. Smith		
Address Line 1:	60 S. Market Street, Ste. 1400		
Address Line 4:	San Jose, CALIFORNIA 95113		
ATTORNEY DOCKET NUMBER:	FEE FOR NAME CHANGE		
NAME OF SUBMITTER:	Erin C. Smith		
Signature:	/Erin C. Smith/		

CH \$40.00 2944198

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**TRADEMARK
 REEL: 004648 FRAME: 0581**

Date:

10/26/2011

Total Attachments: 2

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**State of California
Secretary of State**

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

SEP 14 2011

**LIMITED LIABILITY COMPANY
RESTATED ARTICLES OF ORGANIZATION**

A \$30.00 filing fee must accompany this form.

IMPORTANT -- Read Instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 109935710014		2. NAME OF LIMITED LIABILITY COMPANY: Silicon Valley Sports & Entertainment, 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.") Sharks Sports & Entertainment, 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 checked="" type="checkbox"/> AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 7 <input type="checkbox"/> A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION 1505. PROCEED TO ITEM 8. AGENT'S NAME: <u>John Tardora</u>			
7. CALIFORNIA ADDRESS OF THE AGENT FOR SERVICE OF PROCESS. COMPLETE ONLY IF AN INDIVIDUAL. ADDRESS <u>826 W. Santa Clara Street</u> CITY <u>San Jose</u> STATE: <u>CA</u> ZIP CODE: <u>95113</u>			
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. <u>[Signature]</u> DATE <u>9-12-11</u> SIGNATURE OF AUTHORIZED PERSON <u>Stratton Selavos, General Partner of San Jose Arena Management, LP, Manager</u> TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON			
12. RETURN TO: NAME <u>Robert J. Browning</u> FIRM <u>Hoge, Fenton, Jones & Appel, Inc.</u> ADDRESS <u>60 S. Market Street, Suite 1400</u> CITY/STATE <u>San Jose, CA</u> ZIP CODE <u>95113</u>			



I hereby certify that the foregoing
 Exhibit of _____ (print)
 is a true and correct copy of the
 original record in the custody of the
 Office of Secretary of State's office.

SEP 14 2011 *JS*

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State