

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 |
| NEWPORT INTERNATIONAL OF TIERRA VERDE, FLORIDA, INC. | | 03/04/1999 | CORPORATION: FLORIDA |
| RECEIVING PARTY DATA | | | |
| Name: | NEWPORT INTERNATIONAL OF TIERRA VERDE, INC. | | |
| Trading As: | TA Jack's Catch | | |
| Street Address: | 155 Eighth Street North | | |
| City: | St. Petersburg | | |
| State/Country: | FLORIDA | | |
| Postal Code: | 33701 | | |
| Entity Type: | CORPORATION: FLORIDA | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2650976 | JACK'S CATCH | |
| Registration Number: | 2622897 | JACK'S CATCH | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (212)218-2200 | | |
| Phone: | 2122182100 | | |
| Email: | wolsen@fchs.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: | Warren E. Olsen (Reg. No. 27,290) | | |
| Address Line 1: | 1290 AVENUE OF THE AMERICAS | | |
| Address Line 4: | NEW YORK, NEW YORK 10104-3800 | | |
| ATTORNEY DOCKET NUMBER: | 02480.0000T6 | | |
| NAME OF SUBMITTER: | Warren E. Olsen (Reg. No. 27,290) | | |

CH \$65.00 2650976

| | |
|---|----------------|
| Signature: | /warreneolsen/ |
| Date: | 01/13/2012 |
| Total Attachments: 1 source=2480. 100 Corporate Name#page1.tif | |

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000071362

1. Corporation Name
NEWPORT INTERNATIONAL OF TIERRA VERDE, INC.



Principal Place of Business
 1110 PINELLAS BAYWAY, STE. 201
 TIERRA VERDE FL 33715

Mailing Address
 1110 PINELLAS BAYWAY, STE. 201
 TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/13/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3355163 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 | | 29 | | <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 30 | | <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| NIESET, JAMES R 6740-D CROSSWINDS DR. N. ST. PETERSBURG FL 33710 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | 85 Zip Code | |
| | | | | FL | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHN P. MCGEOUGH | 1.2 NAME | |
| STREET ADDRESS | 1110 PINELLAS BAYWAY STE 201 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REGINA M. MCGEOUGH | 2.2 NAME | |
| STREET ADDRESS | 1110 PINELLAS BAYWAY STE 201 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/5/99 727-866-1188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)