

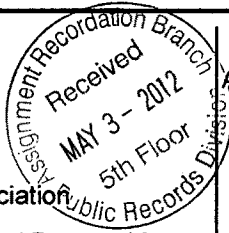
05/03/2012

RECORDATION FORM COVER SHEET TRADEMARKS ONLY



103644044

To the Director of the U. S. Patent and Trademark Office: Please record the attached document.



MJD 5-3-12

1. Name of conveying party(ies):

Deja Vu Consulting, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Michigan
- Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) April 16, 2012

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Global Licensing, Inc.

Internal Address: _____

Street Address: 8252 E. Lansing Rd.

City: Durand

State: Michigan

Country: _____ Zip: 48429

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other _____

Citizenship _____
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

Trademark Registration No.(s)

2,144,789 2,404,571 2,984,636

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
WHERE THE PARTY NEVER ENDS (2,144,789) DEJA VU-COAST TO COAST (2,404,571) SHOWGIRLS and design (2,984,636)

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Barbara M. Burns, Esq.

Internal Address: _____

Street Address: P.O. Box 130813

City: Ann Arbor

State: MI Zip: 48113

Phone Number: 734-930-1788

Fax Number: _____

Email Address: _____

6. Total number of applications and registrations involved:

3

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

05/03/2012 AMULLINS 00000009 2144789

01 FC:8521
Deposit Account Number _____ 40.00 OF 50.00 OF

Authorized User Name _____

9. Signature:

Barbara M. Burns
Signature

April 30, 2012
Date

Barbara M. Burns

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

2

