



RECORDATION FORM COVER SHEET TRADEMARKS ONLY

05/17/2012



103644574

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

1. Name of conveying party(ies):

Deja Vu Consulting, Inc.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) May 8, 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.

Street Address: 8252 E. Lansing Rd.

City: Durand

State: Michigan

Country: USA Zip: 48429

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Michigan
- 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) _____ Text _____

B. Trademark Registration No.(s) _____

2416930

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

1000'S OF BEAUTIFUL GIRLS AND 3 UGLY ONES

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

Docket Number: DVC200020

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

05/17/2012 KNGUYEN1 00000026 2416930 40.00 OP

9: Signature:

Barbara M Burns

Signature

May 15, 2012.

Date

Barbara M. Burns

Name of Person Signing

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

2

