

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT																										
NATURE OF CONVEYANCE:	CHANGE OF NAME																										
CONVEYING PARTY DATA																											
<table border="1"> <thead> <tr> <th>Name</th> <th>Formerly</th> <th>Execution Date</th> <th>Entity Type</th> </tr> </thead> <tbody> <tr> <td>Triton Media Group, LLC</td> <td></td> <td>08/01/2011</td> <td>LIMITED LIABILITY COMPANY: CALIFORNIA</td> </tr> </tbody> </table>				Name	Formerly	Execution Date	Entity Type	Triton Media Group, LLC		08/01/2011	LIMITED LIABILITY COMPANY: CALIFORNIA																
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<table border="1"> <tr> <td>Name:</td> <td colspan="3">Triton Media, LLC</td> </tr> <tr> <td>Street Address:</td> <td colspan="3">15303 Ventura Boulevard, Suite 1500</td> </tr> <tr> <td>City:</td> <td colspan="3">Sherman Oaks</td> </tr> <tr> <td>State/Country:</td> <td colspan="3">CALIFORNIA</td> </tr> <tr> <td>Postal Code:</td> <td colspan="3">91403</td> </tr> <tr> <td>Entity Type:</td> <td colspan="3">LIMITED LIABILITY COMPANY: CALIFORNIA</td> </tr> </table>				Name:	Triton Media, LLC			Street Address:	15303 Ventura Boulevard, Suite 1500			City:	Sherman Oaks			State/Country:	CALIFORNIA			Postal Code:	91403			Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
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PROPERTY NUMBERS Total: 2																											
<table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> <th>Word Mark</th> </tr> </thead> <tbody> <tr> <td>Serial Number:</td> <td>85381661</td> <td>TRITON DIGITAL</td> </tr> <tr> <td>Serial Number:</td> <td>85378160</td> <td>TRITON DIGITAL</td> </tr> </tbody> </table>				Property Type	Number	Word Mark	Serial Number:	85381661	TRITON DIGITAL	Serial Number:	85378160	TRITON DIGITAL															
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CORRESPONDENCE DATA																											
Fax Number: 3104751368 <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i> Phone: 310-475-0321 Email: sharona@candlaw.com Correspondent Name: SHARONA GHODSIAN KATAN, ESQ. Address Line 1: 10866 Wilshire Blvd., Suite 970 Address Line 4: Los Angeles, CALIFORNIA 90024																											
NAME OF SUBMITTER:	SHARONA GHODSIAN KATAN																										
Signature:	/SHARONA GHODSIAN KATAN/																										
Date:	08/01/2012																										
Total Attachments: 2 source=FILED - Triton Media Group, LLC CA - Certificate of Amendment (Name Change 8-1-11)#page1.tif source=FILED - Triton Media Group, LLC CA - Certificate of Amendment (Name Change 8-1-11)#page2.tif																											

OP \$65.00 85381661



State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

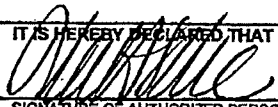
A \$30.00 filing fee must accompany this form.

IMPORTANT - Read Instructions before completing this form.

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

AUG 01 2011

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200621410214	2. NAME OF LIMITED LIABILITY COMPANY Triton Media Group, 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.") Triton Media, 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 checked="" 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.	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.  SIGNATURE OF AUTHORIZED PERSON Neal Schore, Manager DATE 7/29/11 TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO: NAME Cindy Oberdorff FIRM c/o Kirkland & Ellis LLP ADDRESS 300 North LaSalle Street CITY/STATE Chicago, IL ZIP CODE 60654	



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

AUG 03 2011

Date: _____

Handwritten signature of Debra Bowen in cursive script.

DEBRA BOWEN, Secretary of State

TRADEMARK