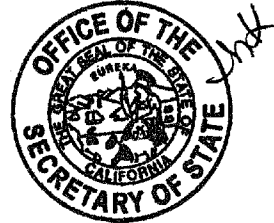


TRADEMARK ASSIGNMENT

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>Davilew Productions, LLC</td> <td></td> <td>08/11/2008</td> <td>LIMITED LIABILITY COMPANY: CALIFORNIA</td> </tr> </tbody> </table>				Name	Formerly	Execution Date	Entity Type	Davilew Productions, LLC		08/11/2008	LIMITED LIABILITY COMPANY: CALIFORNIA																
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<table border="1"> <tr> <td>Name:</td> <td colspan="3">5 Net 4 Productions LLC</td> </tr> <tr> <td>Street Address:</td> <td colspan="3">2601 Ocean Park Blvd., Suite 200</td> </tr> <tr> <td>City:</td> <td colspan="3">Santa Monica</td> </tr> <tr> <td>State/Country:</td> <td colspan="3">CALIFORNIA</td> </tr> <tr> <td>Postal Code:</td> <td colspan="3">90405</td> </tr> <tr> <td>Entity Type:</td> <td colspan="3">LIMITED LIABILITY COMPANY: CALIFORNIA</td> </tr> </table>				Name:	5 Net 4 Productions LLC			Street Address:	2601 Ocean Park Blvd., Suite 200			City:	Santa Monica			State/Country:	CALIFORNIA			Postal Code:	90405			Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
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PROPERTY NUMBERS Total: 1																											
<table border="1"> <thead> <tr> <th>Property Type</th> <th>Number</th> <th>Word Mark</th> </tr> </thead> <tbody> <tr> <td>Registration Number:</td> <td>2055343</td> <td>ABILITIES EXPO</td> </tr> </tbody> </table>				Property Type	Number	Word Mark	Registration Number:	2055343	ABILITIES EXPO																		
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Registration Number:	2055343	ABILITIES EXPO																									
CORRESPONDENCE DATA																											
<p>Fax Number: 3123726685 <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i></p> <p>Phone: (312) 263-3001 Email: njb@howehutton.com Correspondent Name: Nathan J. Breen Address Line 1: 20 N. Wacker Dr., Suite 4200 Address Line 4: Chicago, ILLINOIS 60606</p>																											
NAME OF SUBMITTER:	Nathan J. Breen																										
Signature:	/Nathan J. Breen/																										
Date:	02/05/2013																										
<p>Total Attachments: 2 source=5 NET 4 PRODUCTIONS LLC#page1.tif source=5 NET 4 PRODUCTIONS LLC#page2.tif</p>																											

OP \$40.00 2055343



State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

AUG 15 2008

Debra Bowen

DEBRA BOWEN
Secretary of State



State of California
Secretary of State

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

AUG 11 2008

**LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

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 <u>200 818910291</u>	2. NAME OF LIMITED LIABILITY COMPANY <u>DAVILEW PRODUCTIONS LLC</u>
---	--

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.")
5 NET 4 PRODUCTIONS LLC

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):

ONE MANAGER
 MORE THAN ONE MANAGER
 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.

Lewis R. Shomer
SIGNATURE OF AUTHORIZED PERSON

8/11/08
DATE

Lewis R. Shomer, Member
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

7. RETURN TO:

NAME	<u>Lewis R. Shomer</u>
FIRM	<u>5 NET 4 PRODUCTIONS LLC</u>
ADDRESS	<u>2601 OCEAN PARK BLVD #200</u>
CITY/STATE	<u>SANTA MONICA, CA 90405</u>
ZIP CODE	

