TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

 SUBMISSION TYPE:
 NEW ASSIGNMENT

 NATURE OF CONVEYANCE:
 RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
WACHOVIA BANK, N.A.		11/10/2010	National Association: UNITED STATES

RECEIVING PARTY DATA

Name:	THEPLANET.COM INTERNET SERVICES, INC.		
Street Address:	315 CAPITOL STREET, SUITE 205		
City:	HOUSTON		
State/Country:	TEXAS		
Postal Code:	77002		
Entity Type:	CORPORATION: DELAWARE		

PROPERTY NUMBERS Total: 14

Property Type	Number	Word Mark
Registration Number:	2395201	CHILDSURF
Registration Number:	2329563	EVERYONES INTERNET
Registration Number:	3772373	ANTICIPATION ADVANTAGE
Registration Number:	3645794	CREATING A BETTER WORLD FOR YOUR BUSINESS
Registration Number:	3645800	THE PLANET
Registration Number:	2759080	NOTHING BEATS OUR RACKSABSOLUTELY NOTHING.
Registration Number:	2979229	EV1SERVERS.NET
Registration Number:	3027682	FIRESLAYER
Registration Number:	3506521	READY TO GO SERVERS
Serial Number:	77469378	A PLANET ALPHA
Serial Number:	77469421	PLANET ALPHA
Serial Number:	77469460	PLANET NORTHSTAR
Serial Number:	77469473	PLANET NORTHSTAR
Registration Number:	2395202	EASYSURF TRADEMARK

REEL: 004960 FRAME: 0847

CORRESPONDENCE DATA

Fax Number: 2124464900

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Email: zablocki_susan@yahoo.com

Correspondent Name: Susan Zablocki
Address Line 1: Kirkland & Ellis LLP
Address Line 2: 601 Lexington Avenue

Address Line 4: New York, NEW YORK 10022

ATTORNEY DOCKET NUMBER: 11987-2

NAME OF SUBMITTER: Susan Zablocki

Signature: /susan zablocki/

Date: 02/12/2013

Total Attachments: 2

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TRADEMARK
REEL: 004960 FRAME: 0848

DELAWARE DEPARTMENT OF STATE U.C.C. FILING SECTION FILED 04:14 PM 10/14/2008 INITIAL FILING # 2008 3467543

					I	FILED 04:1 NITIAL FILI	14 PM 10/14/ ING # 2008 3
						SRV:	081036505
	CC FINANCING						
		S (front and back) CAREFULLY ONTACT AT FILER (optional)					
B. S	END ACKNOWLEDG	MENT TO: (Name and Address)					
	Γ		7				
l	Re	turn acknowledgment to:					
		*					
		Capitol Services, Inc.					
1	1 PO, 1	Box 1831 Austin, TX 78767				•	
l	L	800/345-4647		THE AROVE RDA	CE 18 EA	R FILING OFFICE	ISE ON V
1. DE	BTOR'S EXACT FU	LL LEGAL NAME Insert only one debtor name (1a o	r 1b) - do not abbre		1021010	KTIENTO OTTIOE (JOE OILL
	18. ORGANIZATIONS N	AME	. ,,,				
OR	ThePlanet.	com Internet Services, Inc.					
O.	16. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	IAME	SUFFIX
1c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	315 Capito		Houston		TX	77002	USA
1d. <u>SE</u>	E INSTRUCTIONS	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION COPP.	Delaws	ON OF ORGANIZATION	19. ORGA	NIZATIONAL ID #, II ar	NONE
2. AD	DITIONAL DEBTOR	S EXACT FULL LEGAL NAME - Insert only one debto	name (2s of 2b)	men enidmoo ro etsiverdde ton ob			
	2a. ORGANIZATION'S N						
OR							
	26. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	(AME	SUFFIX
2c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2d. SE	E INSTRUCTIONS	ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	er. JURISDICTIO	ON OF ORGANIZATION	Rg. ORGA	NIZATIONAL ID #, If an	y NONE
3. SE	CURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S(P) insert only	non serurad party name (Sa or Sh	<u> </u>		
	3a. ORGANIZATION'S N	AME		man of the state o			
OR	WACHOVI	A BANK, N.A., as Administrative					
On.	36. INDIVIDUAL'S LAST	NAME .	FIRST NAME		MIDDLE	IAME	SUFFIX
3¢.	MAILING ADDRESS		CITY	. "7721.11.11	STATE	POSTAL CODE	COUNTRY
	2800 Post (Dak Boulevard, Suite 3400	Housto	n	TX	77056	USA
4. Thi	S FINANCING STATE	MENT covers the following collateral:					

- A. Debtor's ownership interest in E.I. Partners, Inc., a Nevada corporation.
- B. All other assets of Debtor, whether now owned or hereafter acquired.

6. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/L	ESSOR CONSIGNI	EE/CONSIGNOR 🔲 BA	ILEE/BAILOR 🔲 SELLER	VBUYER AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or re- ESTATE RECORDS. Attach Addendum	corded) in the REAL [if applicable]	7. Check to REQUEST SEAF [ADDITIONAL FEE]	(CH REPORT(S) on Debtor(s) [optional]	All Debtors Debto	r 1 Debtor 2
8. OPTIONAL FILER REFERENCE DAYA Delaware Secretary of State		(AK #18368	9)		

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

HOU;2852480.1

LLOW INSTRUCTION NAME & PHONE OF C	S (front and back) ONTACT AT FILE	ER [optional]		DELAWARE DEPAR U.C.C. FILI FILED 11:51 A	NG SECTION M 11/10/20
SEND ACKNOWLEDO	MENT TO: (Nam	ne and Address)		INITIAL FILING AMENDMENT	# 2008 346° # 2010 394°
	John	Cunningham CT	· "	SRV: 10	1074589
	208 Sou	th LaSalle Street			
	-	Suite 814			
	Cnica	igo, IL 60604	1		
		~ . · ·	THE ABOVE	SPACE IS FOR FILING OFFICE U	
INITIAL FINANCING STA				1b. This FINANCING STATEME to be filed (for record) (or re-	
		nancing Statement identified above	is terminated with respect to security interest(s)	REAL ESTATE RECORDS. of the Secured Party authorizing this Termir	nation Statement.
CONTINUATION:	Effectiveness of the	Financing Statement identified ab	ove with respect to security interest(s) of the Se		
continued for the addi			address of assignee in item 7c; and also give na	me of sesigner in item 9	
			addless of sealignes in Neith 7c, and size give has abtor of Secured Party of record. Check of		
Also check <u>one</u> of the folto	wing three boxes <u>and</u>	d provide appropriate information in	items 6 and/or 7.		. Wile
		to the detailed instructions party.	DELETE name: Give record name to be deleted in item 6s or 6b.	ADD name; Complete item 7a or also complete items 7e-7g (if app	/b, and also item /c; licable),
CURRENT RECORD IN 6a. ORGANIZATION'S I					
ThePlanet.com		vices, Inc.			
66. INDIVIDUAL'S LAS	NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	**************************************	10.11			
CHANGED (NEW) OR A		ION:			
					Louis Pily
7b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS		- MANAGE - MT	CITY	STATE POSTAL CODE	COUNTRY
SEEINSTRUCTIONS	ORGANIZATION	7e, TYPE OF ORGANIZATION	71, JURISDICTION OF ORGANIZATION	7g, ORGANIZATIONAL ID #, if ar	
	DEBTOR				NONE
			ral description, or describe collateral pessig	4	
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Describe collateral de	PARTY OF RECO		ENDMENT (name of assignor, if this is an Ass		ed by a Debtor which
NAME OF SECURED	PARTY OF RECo	ORD AUTHORIZING THIS AN or if this is a Termination authorized		ignment). If this is an Amendment authoriz DEBTOR authorizing this Amendment.	ad by a Deblor Which
NAME OF SECURED radds collateral or adds the	PARTY OF RECo authorizing Debtor, o	or if this is a Termination authorized	by a Debtor, check here and enter name of		ed by a Deblor Which
NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N	PARTY OF RECo authorizing Debtor, o		by a Debtor, check here and enter name of		ed by a Deblor Which

TRADEMARK REEL: 004960 FRAME: 0850

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