

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM322754

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
KLL Dolls LLC		11/10/2014	LIMITED LIABILITY COMPANY:
RECEIVING PARTY DATA			
Name:	Madame Alexander Doll Company		
Street Address:	112 West 34th Street		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10120		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Serial Number:	86391365	ZIPPITY DOO'S	
Serial Number:	86391306	PIXIE DOODLE	
Serial Number:	86196207	ALEXANDER TOYWORKS	
Serial Number:	86301782	WHATS HER FACE?	
Serial Number:	86165543	BATHTIME BABY	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	jmlhound@gmail.com		
Correspondent Name:	Jeffrey Locker		
Address Line 1:	605 Park Avenue		
Address Line 4:	New York, NEW YORK 10065		
NAME OF SUBMITTER:	JEFFREY M. LOCKER		
SIGNATURE:	/JEFFREY M LOCKER/		
DATE SIGNED:	11/10/2014		
Total Attachments: 11			
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Delaware

PAGE 1

The First State

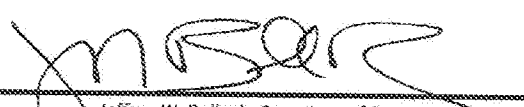
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "KLL DOLLS, LLC", CHANGING ITS NAME FROM "KLL DOLLS, LLC" TO "MADAME ALEXANDER DOLL COMPANY, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF MAY, A.D. 2014, AT 6:08 O'CLOCK P.M.

5158893 8100

140622724

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1371648

DATE: 05-14-14

TRADEMARK
REEL: 005398 FRAME: 0654

CERTIFICATE OF AMENDMENT

TO THE

CERTIFICATE OF FORMATION

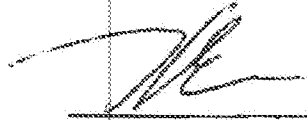
OF

KLL DOLLS, LLC

1. Name of Limited Liability Company: KLL Dolls, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

"First: The name of the limited liability company is
Madame Alexander Doll Company, LLC"

IN WITNESS WHEREOF, the undersigned has executed this Certificate of
Amendment this 12th day of May 2014.



Howard Kahn
Authorized Person

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on May 23, 2014.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



CSC 45
DRAW DOWN

064

CERTIFICATE OF AMENDMENT

OF

KLL DOLLS, LLC

(Under Section 804 of the New York Limited Liability Company Law)

RECEIVED
2014 MAY 21 PM 3:08

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STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAY 22 2014

TAX \$ _____
BY:

Filed by: Harvey T. Haber, Esq.
Sills Cummis & Gross, P.C.
30 Rockefeller Plaza, 29th Floor
New York, New York 10112

Chrt 13919MJC

RECEIVED
2014 MAY 20 AM 9:16

FILED
MAY 22 AM 9:59

061

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CERTIFICATE OF AMENDMENT

OF

KLL DOLLS, LLC

(Under Section 804 of the New York Limited Liability Company Law)

FIRST: The name of the limited liability company as it appears on the index of names in the Department of State is: KLL Dolls, LLC

SECOND: The jurisdiction of organization of the limited liability company is Delaware.

THIRD: The date on which its application for authority to do business in this state was filed with the Department of State is: June 21, 2012.

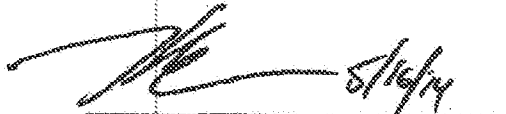
FOURTH: The Application for Authority is amended as follows:

Paragraph First of the Application for Authority is amended to read as follows:

"**FIRST:** The name of the foreign limited liability company (the "Company") is: Madame Alexander Doll Company, LLC"

FIFTH: The foregoing change of name has been effected under the laws of the State of Delaware as of May 13, 2014.

Dated: May 16, 2014



Howard Kahn
Authorized Person

740522000064

STATE OF NEW YORK

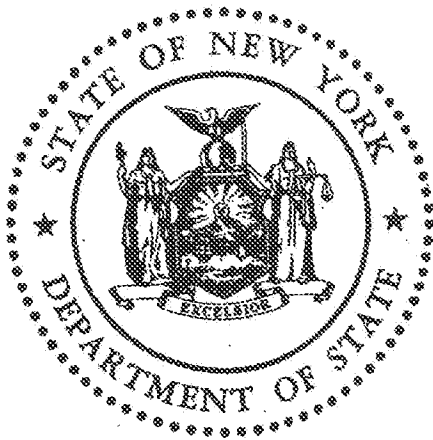
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 2, 2014.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



CSC 45

20140530029

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: Madame Alexander Doll Company, LLC

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law):

3. ASSUMED NAME: Alexander Doll

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

112 West 34th Street, Suite 600
New York, New York 10120

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input checked="" type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauqua | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input checked="" type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Dutchess | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Otsego | <input type="checkbox"/> Richmond | <input type="checkbox"/> Schenectady | <input type="checkbox"/> Tompkins | <input type="checkbox"/> Sullivan | <input type="checkbox"/> Wayne | |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input type="checkbox"/> Westchester | |

6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

112 West 34th Street, Suite 600
New York, New York 10120

Name of Signer: Howard Kahn

Signature: /s/ Howard Kahn

Capacity of Signer (Check one): Officer of the Corporation General Partner of the Limited Partnership
 Member of the Limited Liability Company Manager of the Limited Liability Company
 Authorized Person

Filer: Name: Sils Cummis & Gross P.C.

Mailing Address: 30 Rockefeller Plaza, 29th Floor

City, State and Zip Code: New York, New York 10112

FILED MAY 30 2014

206710
BY: JAD

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 2, 2014.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



CSC 45

201405300 2

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name
Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: Madame Alexander Doll Company, LLC

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law):

3. ASSUMED NAME: Alexander Toy Works

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

112 West 34th Street, Suite 600
New York, New York 10120

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

- | | | | | | | | |
|------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cattaraugus | <input type="checkbox"/> Chenango | <input type="checkbox"/> Delaware | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Cayuga | <input type="checkbox"/> Clinton | <input type="checkbox"/> Dutchess | <input type="checkbox"/> Fulton | <input type="checkbox"/> Herkimer | <input type="checkbox"/> Livingston | <input type="checkbox"/> Nassau |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Chautauque | <input type="checkbox"/> Columbia | <input type="checkbox"/> Erie | <input type="checkbox"/> Greene | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Madison | <input checked="" type="checkbox"/> New York |
| <input type="checkbox"/> Broome | <input type="checkbox"/> Chemung | <input type="checkbox"/> Cortland | <input type="checkbox"/> Essex | <input type="checkbox"/> Genesee | <input type="checkbox"/> Kings | <input type="checkbox"/> Monroe | <input type="checkbox"/> Niagara |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Orleans | <input type="checkbox"/> Queens | <input type="checkbox"/> St. Lawrence | <input type="checkbox"/> Schuyler | <input type="checkbox"/> Steuben | <input type="checkbox"/> Warren | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Otsego | <input type="checkbox"/> Oswego | <input type="checkbox"/> Rensselaer | <input type="checkbox"/> Saratoga | <input type="checkbox"/> Seneca | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Washington | <input type="checkbox"/> Yates |
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| <input type="checkbox"/> Ulster | <input type="checkbox"/> Putnam | <input type="checkbox"/> Rockland | <input type="checkbox"/> Schoharie | <input type="checkbox"/> Ulster | <input type="checkbox"/> Tioga | <input type="checkbox"/> Westchester | |

8. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

112 West 34th Street, Suite 600
New York, New York 10120

Name of Signer: Howard Kahn

Signature: /s/ Howard Kahn

Capacity of Signer (Check one): Officer of the Corporation General Partner of the Limited Partnership
 Member of the Limited Liability Company Manager of the Limited Liability Company
 Authorized Person

Agent Name: Silla Cummis & Gross P.C.

Mailing Address: 30 Rockefeller Plaza, 29th Floor

City, State and Zip Code: New York, New York 10112

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED MAY 30 2014

JAXS

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NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the supervision of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following: \$200 for each county in which a corporation does or intends to do business as indicated in paragraph 5; \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond); and \$25 for each county outside New York City. All checks over \$500 must be certified.

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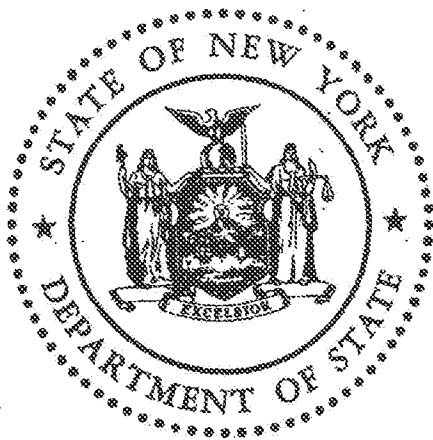
STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on June 2, 2014.

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State



CSC 45

20140530018

NYS Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Ave,
Albany, NY 12231-0001
www.dos.ny.gov

Certificate of Assumed Name
Pursuant to General Business Law §130

1. REAL NAME OF ENTITY: **Madame Alexander Doll Company, LLC**

1a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

2. FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law
- Limited Liability Company Law
- Religious Corporations Law
- Education Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act
- Other (specify law):

3. ASSUMED NAME: **Madame Alexander**

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET), IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF-STATE ADDRESS:

**112 West 34th Street, Suite 600
New York, New York 10120**

5. COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS: ALL COUNTIES (or check applicable county(ies) below)

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6. ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. Use page 2 if needed. The address(es) must be a number and street, city state and zip code. The address(es) reflected in paragraph 6 must be within the county(ies) indicated in paragraph 5. If none, check the box: No New York State Business Location

**112 West 34th Street, Suite 600
New York, New York 10120**

Name of Signer: **Howard Kahn**

Signature: **/s/ Howard Kahn**

- Capacity of Signer (Check one):
- Officer of the Corporation
 - General Partner of the Limited Partnership
 - Member of the Limited Liability Company
 - Manager of the Limited Liability Company
 - Authorized Person

Number: Name: **Sills Cummis & Gross P.C.**

Mailing Address: **30 Rockefeller Plaza, 29th Floor**

City, State and Zip Code: **New York, New York 10112**

FILED MAY 30 2014

TAXS **3766.98**

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. All documents should be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. For corporations, the Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or intends to do business as indicated in paragraph 5: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.