

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM742439

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the the entity of the receiving party previously recorded on Reel 007653 Frame 0732. Assignor(s) hereby confirms the Entity type: limited liability company: Florida.		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Olympusat, Inc.		12/10/2021	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Olympusat, LLC		
<b>Street Address:</b>	477 S. Rosemary Avenue		
<b>Internal Address:</b>	Suite 306		
<b>City:</b>	West Palm Beach		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33401		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 16</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6532464	CHIQUILINES HD	
<b>Registration Number:</b>	6532465	CINE CLASICO HD	
<b>Registration Number:</b>	6634340	CINE REAL HD	
<b>Registration Number:</b>	6634341	CINE SURENO HD	
<b>Registration Number:</b>	6634342	FLASH HD	
<b>Serial Number:</b>	90216993	HORRORFY HD	
<b>Registration Number:</b>	6634343	JUNTOS HD	
<b>Serial Number:</b>	88914644	METRALLA HD	
<b>Serial Number:</b>	88914649	MMC HD	
<b>Serial Number:</b>	88914698	PS	
<b>Serial Number:</b>	88914654	RUSH HD	
<b>Serial Number:</b>	88914662	SABER MAS HD	
<b>Serial Number:</b>	88914668	SATSU HD	
<b>Registration Number:</b>	6654411	TOP CINE HD	
<b>Registration Number:</b>	6585067	TU CINE HD	
<b>Serial Number:</b>	88914682	VLA HD	

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**CORRESPONDENCE DATA****Fax Number:**

*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.*

**Phone:** 312 368 2152  
**Email:** sheila.brown@dlapiper.com  
**Correspondent Name:** Michael A. Geller, DLA Piper LLP  
**Address Line 1:** P.O. Box 64807  
**Address Line 4:** Chicago, ILLINOIS 60664-0807

<b>ATTORNEY DOCKET NUMBER:</b>	422869-000003
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<b>NAME OF SUBMITTER:</b>	Michael Geller
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<b>SIGNATURE:</b>	/Michael Geller/
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<b>DATE SIGNED:</b>	07/20/2022
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**Total Attachments: 6**

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## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM713055

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Olympusat, Inc.		12/10/2021	Corporation: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Olympusat, LLC		
<b>Street Address:</b>	477 S. Rosemary Avenue		
<b>Internal Address:</b>	Suite 306		
<b>City:</b>	West Palm Beach		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33401		
<b>Entity Type:</b>	Corporation: FLORIDA		
<b>PROPERTY NUMBERS Total: 16</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6532464	CHIQUILINES HD	
<b>Registration Number:</b>	6532465	CINE CLASICO HD	
<b>Registration Number:</b>	6634340	CINE REAL HD	
<b>Registration Number:</b>	6634341	CINE SURENO HD	
<b>Registration Number:</b>	6634342	FLASH HD	
<b>Serial Number:</b>	90216993	HORRORFY HD	
<b>Registration Number:</b>	6634343	JUNTOS HD	
<b>Serial Number:</b>	88914644	METRALLA HD	
<b>Serial Number:</b>	88914649	MMC HD	
<b>Serial Number:</b>	88914698	PS	
<b>Serial Number:</b>	88914654	RUSH HD	
<b>Serial Number:</b>	88914662	SABER MAS HD	
<b>Serial Number:</b>	88914668	SATSU HD	
<b>Serial Number:</b>	88914674	TOP CINE HD	
<b>Registration Number:</b>	6585067	TU CINE HD	
<b>Serial Number:</b>	88914682	VLA HD	
<b>CORRESPONDENCE DATA</b>			

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**Fax Number:**

*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.*

**Phone:** 3123684000  
**Email:** sheila.brown@dlapiper.com  
**Correspondent Name:** Michael A. Geller, DLA Piper LLP (US)  
**Address Line 1:** P.O. Box 64807  
**Address Line 4:** Chicago, ILLINOIS 60664-0807

<b>ATTORNEY DOCKET NUMBER:</b>	422869-000003
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<b>NAME OF SUBMITTER:</b>	Michael Geller
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<b>SIGNATURE:</b>	/Michael Geller/
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<b>DATE SIGNED:</b>	03/09/2022
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**Total Attachments: 4**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Olympusat, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 06/21/1999  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:  
Olympusat, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 10th day of December 2021.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: Charles Mohler  
Printed Name: Charles A. Mohler Title: President

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature: Charles Mohler  
Printed Name: Charles A. Mohler Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of **ALL** General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Olympusat, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

477 S. Rosemary Avenue, Suite 306  
West Palm Beach, FL 33401

**Mailing Address:**

477 S. Rosemary Avenue, Suite 306  
West Palm Beach, FL 33401

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:


Thomas Mohler  
 Name

477 S. Rosemary Avenue, Suite 306  
 Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach                      FL 33401  
 City    Zip

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
 Registered Agent's Signature (REQUI

**TRADEMARK**  
**REEL: 007795 FRAME: 0501**

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

Olympusat Holdings, Inc.  
477 S. Rosemary Avenue, Suite 306  
West Palm Beach, FL 33401

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(Use attachment if necessary)

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

RECORDED

**ARTICLE V:** Other provisions, if any.

\_\_\_\_\_  
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\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Charles Mohler*

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Charles A. Mohler, President

Typed or printed name of signee

**Filing Fees**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)**