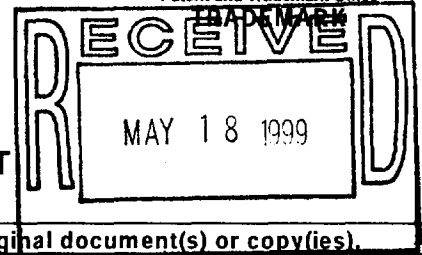


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RECORDATION FORM COVER SHEET
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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

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- New
- Resubmission (Non-Recordation)
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Reel # _____ Frame # _____
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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other _____

Effective Date
Month Day Year
06 02 97

Conveying Party

Mark if additional names of conveying parties attached

Name Third Avenue Television, Inc.

Execution Date
Month Day Year
05 10 99

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name Cox Holdings, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1400 Lake Hearn Drive, N.E.

Address (line 2) _____

Address (line 3) Atlanta

Georgia

30319

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

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Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.


Suzanne M. Underwald
Name of Person Signing

Suzanne Underwald
Signature

May 18, 1999
Date Signed

CERTIFICATE OF DELIVERY

I hereby certify that this correspondence is being deposited via courier for hand-delivery in an envelope addressed to: Assistant Commissioner for Trademarks Assignment Division, Box - ASSIGNMENT, 2800 Crystal Drive, Arlington, Virginia 22202-3513, on May 18, 1999.


Suzanne M. Underwald