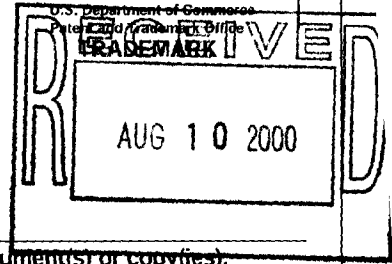


09-12-2000



101453852



*MMS
8-10-00*

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

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

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year _____
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name CONCERTS WEST, LTD.

05192000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization _____

Receiving Party

Mark if additional names of receiving parties attached

Name GONGAWARE, PAUL

DBA/AKA/TA _____

Composed of _____

Address (line 1) 8899 Beverly Boulevard

Address (line 2) Suite 919

Address (line 3) Los Angeles

CA

90048

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization _____

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.)

FOR OFFICE USE ONLY

09/12/2000 NTHAI1 00000024 75573811

01 FC:481

40.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Domestic Representative Name and Address

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.

Peter K. Hahn



08-10-00

Name of Person Signing

Signature

Date Signed

RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY

FORM PTO-1618C
Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

MEGLEN, JOHN

DBA/AKA/TA

Composed of

Address (line 1)

8899 Beverly Boulevard

Address (line 2)

Suite 919

Address (line 3)

Los Angeles

CA

90048

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

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 the Assignment.)

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)

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SERVICE MARK ASSIGNMENT

(Effective date: 5/19/00, 2000)

WHEREAS, Concerts West, Ltd. ("Assignor"), having a principal place of business at 8899 Beverly Boulevard, Suite 919, Los Angeles, California 90048, has adopted, used and is using the mark "CONCERTS WEST" which is currently being applied for with the United States Patent and Trademark Office ("USPTO") as Application No. 75/573,811 and which was registered with the State of California as Registration No. 050443 ("Mark"); and

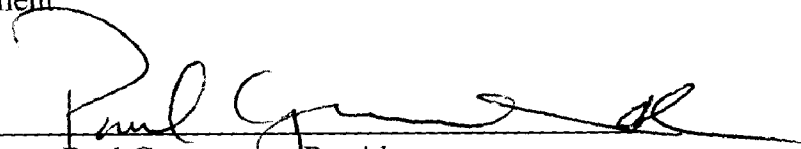
WHEREAS, pursuant to their agreement with Assignor, Paul Gongaware and John Meglen ("Assignees"), individuals who reside in the United States of America, are entitled to acquire said Mark and the subsequent registrations thereof.

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Assignor does hereby assign unto said Assignees, with each Assignee owning a Fifty Percent (50%) interest, as a tenant in common:

All right, title and interest in and into the Mark, together with the goodwill of the business symbolized by the Mark, and the registrations and applications for registration relating thereto.

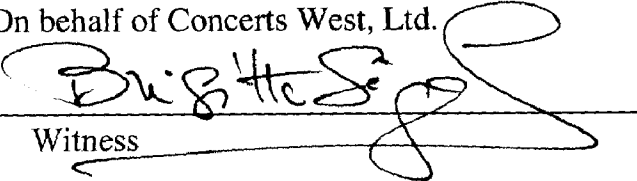
Each party shall take such action (including, but not limited to, the execution, acknowledgment and delivery of assignments, instruments of transfer and conveyance, and other documents) as may be reasonably requested by the other party to evidence, perfect or effect the requesting party's rights as set forth in this Agreement

Dated: 5/19/00


Paul Gongaware, President

On behalf of Concerts West, Ltd.

Witness



Witness

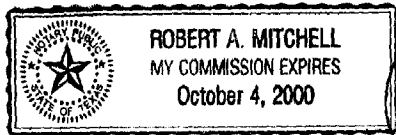
ALL-PURPOSE ACKNOWLEDGMENT

STATE OF ~~CALIFORNIA~~ TEXAS }
COUNTY OF ~~LOS ANGELES~~ TRAVIS }

On 5/23/00 before me, Robert A. Mitchell, Notary Public
Date *Name, Title of Officer, e.g., "Jane Doe, Notary Public"*

personally appeared Paul Gongaware
Name(s) of Signer(s)

personally known to me - OR -



proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

[Handwritten Signature]

Signature of Notary

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL(S)
- CORPORATE OFFICER(S) _____
Title(s)
- PARTNER(S)
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- SUBSCRIBING WITNESS
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)
Concerts West, Ltd.

ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Title or Type of Document: TRADEMARK ASSIGNMENT
Number of Pages: 2 Date of Document: _____
Signer(s) Other Than Named Above: _____