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



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

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).						
Submission Type Conveyance Type Conveyance						
New /1-W GC	Assignment License					
Resubmission (Non-Recordation)	Security Agreement Nunc Pro Tunc Assignment					
Document ID #	Effective Date					
Correction of PTO Error	Merger Month Day Year					
Reel # Frame #	Change of Name					
X Corrective Document	Change of Name					
Reel # 002132 Frame # 0069	X Other See Attached					
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 X Corporation Association					
Other						
Citizenship/State of Incorporation/Organiza	ation NEVADA					
Receiving Party	Mark if additional names of receiving parties attached					
CONCALIABE DAIL						
Name GONGAWARE, PAUL						
DDA WAYA TA						
DBA/AKA/TA						
Composed of						
Address (line 1) 8899 Beverly Boulevard						
010						
Address (line 2) Suite 919						
Address (line 3) Los Angeles	CA 90048					
City	If document to be recorded is an					
Individual General Partnership Limited Partnership assignment and the receiving party is not domiciled in the United States, an						
Acceptation appointment of a domestic						
representative should be attached. (Designation must be a separate						
Other document from Assignment.)						
Citizenship/State of Incorporation/Organization						
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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

FORM PTO- Expires 06/30/99 OMB 0651-0027	1618B Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK				
Domestic R	epresentative Name and Address Enter for the first R	eceiving Party only.				
Name						
Address (line 1)						
Address (line 2)						
Address (line 3)						
Address (line 4)						
Correspond	lent Name and Address Area Code and Telephone Number	519) 699–2585				
Name	Peter K. Hahn, Esq.					
Address (line 1)	600 West Broadway, Suite 2600					
Address (line 2)	San Diego, CA 92101					
Address (line 3)						
Address (line 4)						
Pages	Enter the total number of pages of the attached conveyance do including any attachments.	cument # 6				
	Application Number(s) or Registration Number(s)	Mark if additional numbers attached				
	Trademark Application Number <u>or the Registration Number (DO NOT ENTER</u> BO					
	demark Application Number(s) Regist	ration Number(s)				
75573811						
Number of Properties Enter the total number of properties involved. # 1						
Fee Amoun	t Fee Amount for Properties Listed (37 CFR 3.41):	\$ 40.00				
Method o	of Payment: Enclosed X Deposit Account					
Deposit / (Enter for p	ACCOUNT bayment by deposit account or if additional fees can be charged to the account.) Deposit Account Number:	# 50-0683				

Peter K. Hahn

Name of Person Signing

Signature

Date Signed

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

Statement and Signature

indicated herein.

Authorization to charge additional fees:

Yes X_

No

FORM PTO-1618C Expires 06/30/99

RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

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

OMB 0651-002	TRADEMARKS ONLY
Conveyin Enter Addition	ng Party Mark if additional names of conveying parties attached Execution Date Month Day Year
Name	
Formerly	
Individ	dual General Partnership Limited Partnership Corporation Association
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	nship State of Incorporation/Organization
Receiving Enter Addition	g Party nal Receiving Party Mark if additional names of receiving parties attached
Nam	MEGLEN, JOHN
DBA/AKA/T/	A
Composed (of
Address (line	8899 Beverly Boulevard
Address (line	Suite 919
Address (line	CA State/Country State/Country Zip Code
Corpo Other	not domiciled in the United States, an appointment of a domestic representative should be attached (Designation must be a separate document from the Assignment.)
Citize	nship/State of Incorporation/Organization
Trademar	rk Application Number(s) or Registration Number(s) Mark if additional numbers attached Number (DO NOT ENTER BOTH numbers for the same property).
	rthe Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property). Registration Number(s)
T	rademark Application Number(s) Registration Number(s)

Attachment to Page 1

CONVEYANCE TYPE

☒ OTHER

The purpose of this document is to correct the entity and state of incorporation for the Assignee on a document previously recorded at Reel 002132, Frame 0069

FORM PTO-1618A Cand Arademerk Office Expires 06/30/99 OMB 0651-0027 TRADEMARK ! AUG 1 **0** 2000 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 Conveyance Type X Assignment License X New Resubmission (Non-Recordation) Security Agreement **Nunc Pro Tunc Assignment** Document ID # **Effective Date** Month Day Year Merger Correction of PTO Error Reel # Frame # Change of Name Corrective Document Frame # Reel # Other **Conveying Party** Mark if additional names of conveying parties attached **Execution Date** Month Day Year 05192000 LTD. CONCERTS WEST, Name **Formerly** General Partnership | X | Limited Partnership Corporation Association Individual Other Citizenship/State of Incorporation/Organization Receiving Party X Mark if additional names of receiving parties attached GONGAWARE, PAUL Name DBA/AKA/TA Composed of 8899 Beverly Boulevard Address (line 1) Address (line 2) Suite 919 90048 Address (line 3) Los Angeles State/Country Zip Code If document to be recorded is an **Limited Partnership** x Individual **General Partnership** assignment and the receiving party is not domiciled in the United States, an Corporation **Association** appointment of a domestic representative should be attached. (Designation must be a separate Other document from Assignment.) Citizenship/State of Incorpolation/Organization FOR OFFICE USE ONLY 09/12/2000 NTHAI1 00000024 75573811 40.00 DP FC:481 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 Sheft. 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

FORM PTO-1 Expires 06/3/199 OMB 0651-027	618B Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK				
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)						
Correspond	ent Name and Address Area Code and Telephone Number (619	9) 699–2585				
Name [Peter K. Hahn, Esq.					
Address (line 1)	600 West Broadway. Suite 2600					
Address (line 2)	San Diego, CA 92101					
Address (line 3)						
Address (line 4)						
Pages	Enter the total number of pages of the attached conveyance docu including any attachments.	# 2				
Trademark A	Application Number(s) or Registration Number(s)	Mark if additional numbers attached				
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Number of F	Properties Enter the total number of properties involved.	# 1				
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Method o	of Payment: Enclosed Deposit Account					
	Account payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number:	# 50-0683				
	Authorization to charge additional fees:	Yes X No				
Tot	and Signature the best of my knowledge and belief, the foregoing information is true and iched copy is a true copy of the original document. Charges to deposit ac	correct and any count are authorized, as				
indi	icated herein.	08-10-00				
Peter K.		Date Signed				
Name	e of Person Signing Signature					

FORM PTO-1618C Expires 06/27/99

RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

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

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Name	MEGLEN	, JOHN								
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Address (line 1)	8899 Be	verly Bou	ılevard							
Address (line 2)	Suite 9	19								
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SERVICE MARK ASSIGNMENT

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(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 TOYAS **CAPACITY CLAIMED BY SIGNER** COUNTY OF LOS ANGELES TRAJIS ☐ INDIVIDUAL(S) On 5/23/00 before me, Petert A. M. Hehell Mura-Pullon Date Name, Title of Officer, e.g., "Jane Doe, Notary Public" CORPORATE OFFICER(S) \square PARTNER(S) ☐ ATTORNEY-IN-FACT personally appeared Paul Gongaware ☐ TRUSTEE(S) Name(s) of Signer(s) ☐ SUBSCRIBING WITNESS personally known to me - OR -☐ GUARDIAN/CONSERVATOR proved to me on the basis of satisfactory evidence to be the OTHER: person(s) whose name(s) is/are. subscribed to the within ROBERT A. MITCHELL instrument and acknowledged to MY COMMISSION EXPIRES me that he/she/they executed the SIGNER IS REPRESENTING: October 4, 2000 same in his/her/their authorized Name of Person(s) or Entity(ies) capacity(ies), and that by Concerts West, Ltd. his/her/their signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument. Witness my hand and official seal. Signature of Notary ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this certificate to unauthorized document.

Title or Type of Document: TRADEMARK ASSIGNMENT

Number of Pages: 2 Date of Document:

Signer(s) Other Than Named Above: _

1439609.1

RECORDED: 11/06/2000

THIS CERTIFICATE MUST BE ATTACHED TO

THE DOCUMENT DESCRIBED AT RIGHT: