

05-17-2001



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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

U.S. Department of Commerce  
Patent and Trademark Office

TRADEMARK

MAY - 8 2001

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
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
1 5 00

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year  
1 5 00

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

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

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

**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)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,706,678"/>	<input type="text" value="2,198,927"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

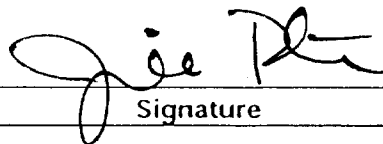
No

**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.

Jill M. Pietrini

Name of Person Signing



Signature

5-4-01

Date Signed

This STATEMENT is presented for filing pursuant to the California Uniform Commercial Code

1. FILE NO. OF ORIG. FINANCING STATEMENT 92018897		1A. DATE OF FILING OF ORIG. FINANCING STATEMENT 1/31/92		1B. DATE OF ORIG. FINANCING STATEMENT		1C. PLACE OF FILING ORIG. FINANCING STATEMENT CA. Secretary of State	
2. DEBTOR (LAST NAME FIRST) L.F.P., Inc.				2A. SOCIAL SECURITY NO., FEDERAL TAX NO. 31-0902229			
2B. MAILING ADDRESS 8484 Wilshire Blvd., Suite 900				2C. CITY, STATE Beverly Hills, CA		2D. ZIP CODE 90211	
3. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST)				3A. SOCIAL SECURITY OR FEDERAL TAX NO.			
3B. MAILING ADDRESS				3C. CITY, STATE		3D. ZIP CODE	
4. SECURED PARTY NAME: Fremont Financial Corporation MAILING ADDRESS: 2020 Santa Monica Boulevard CITY: Santa Monica STATE: California ZIP CODE: 90404				4A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO. 94-1701707			
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME: MAILING ADDRESS: CITY: STATE: ZIP CODE:				5A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO.			

6. CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, check here  and insert description of real property on which growing or to be grown in Item 7 below.

7. RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 7 below.



8. ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 7 below.

9. TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.

10. AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 7 below. (Signature of Debtor required on all amendments.)

11. OTHER

The secured party releases any and all interest it may have in and to "Rappages" magazine, including the title, publishing rights and subscription lists thereof.

(Date) January 5 2000		C O D E	9. This Space for Use of Filing Officer (Date, Time, Filing Office)
By: _____ (TITLE)			00011C0344
Fremont Financial Corporation			
By: <i>[Signature]</i> Vice President			
Return Copy to JCB - 6367-I Fremont Financial Corporation 2020 Santa Monica Boulevard Santa Monica, California 90404 2023 SACRAMENTO, CA 95816-0568			FILED SACRAMENTO, CA JAN 07, 2000 AT 1542 BILL JONES SECRETARY OF STATE
(2) FILING OFFICER COPY — ACKNOWLEDGMENT Filing Officer is requested to note date and hour of filing on this copy and return to the above party.			TRADEMARK
STANDARD FORM — FILING FEE \$5.00 UNIFORM COMMERCIAL CODE — FORM UCC-2			
Approved by the Secretary of State			