

Form PTO-1594
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

Tab settings $\Rightarrow \Rightarrow \Rightarrow$

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Chalford Publishing Corporation

- Individual(s)
- General Partnership
- Corporation-State - Maine
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: 10/29/2001
Reel/Frame 002450/0361
~~correct name of Assignor on~~
~~Corrective change of name to~~

2. Name and address of receiving party(ies)

Name: Tempus Publishing, Inc. d/b/a
Internal Arcadia Publishing, Inc.

Address: _____

Street Address: 2A Cumberland Street

City: Charleston State: SC Zip: 29401

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Maine
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s) N/A

B. Trademark Registration No.(s) 2,068,364
2,163,364

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Ellen A. Rubel

Internal Address: Moore & Van Allen PLLC

Street Address: 2200 West Main Street

Suite 800

City: Durham State: NC Zip: 27705

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41).....\$ 65.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Ellen A. Rubel
Name of Person Signing

Ellen A. Rubel
Signature

April 8, 2004
Date

Total number of pages including cover sheet, attachments, and document: 14

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

ORMPTO-1618A
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02-27-2002

U.S. Department of Commerce
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101994342

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

Submission Type

New

Resubmission Document ID# (Non-Recordation) []

Correction of PTO Error
Reel # [] Frame # []

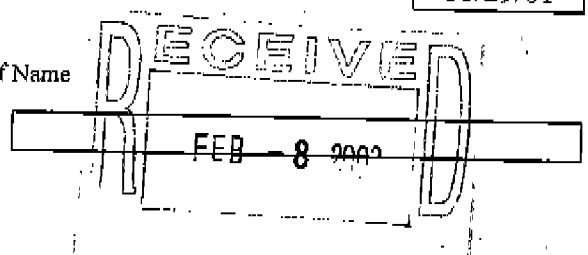
Corrective Document
Reel # [] Frame # []

Conveyance Type

Assignment License
 Security Nunc Pro Tunc Assignment

Merger
 Change of Name
 Other

Effective Date
Month Day Year
10/29/01



Conveying Party

Mark if additional names of conveying parties attached

Name Chalford Publishing, Inc.

Execution Date
Month Day Year
10/29/01

Formerly []

Individual General Partnership Limited Partnership Corporation Association
 Other []

Citizenship/State of Incorporation/Organization Maine

Receiving Party

Mark if additional names of receiving parties attached

Name Tempus Publishing, Inc. d/b/a Arcadia Publishing, Inc.

DBA/AKA/TA []

Composed of []

Address (line 1) 2A Cumberland Street

Address (line 2) []

Address (line 3) Charleston South Carolina 29401
City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other []
 Citizenship/State of Incorporation/Organization Maine

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 from Assignment.

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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.

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OMB 0651-0027

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 N/A

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

Correspondent Name and Address

Area Code and Telephone Number (919) 286-8000

Name Ellen A. Rubel

Address (line 1) Moore & Van Allen PLLC

Address (line 2) 2200 West Main Street

Address (line 3) Suite 800

Address (line 4) Durham, North Carolina 27705

Pages

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

1

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"/>	<u>2,068,364</u>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>2,163,364</u>	<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.

2

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ 65.00

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:

13-4365

Authorization to charge additional fees:

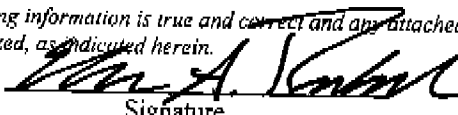
Yes No

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.

Ellen A. Rubel

Name of Person Signing



Signature

11/30/01

Date Signed