

11-14-2006

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FORM PTO-1594 (Rev. 6-93)

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SHEET Y

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)



Tab settings

MRD 11/14/06

103335611

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

1. Name of conveying party(ies):

The Regents composed of William S. Bowen and Bruce Thornhill

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State, Other corrected assignment

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

3. Nature of conveyance:

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

Execution Date: November 19, 2003

2. Name and address of receiving party(ies)

Name: William S. Bowen

Internal Address:

Street Address: 4910 Westwood Drive

City: Huntsville State: AL ZIP: 35810

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State, 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 patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2363505

Additional numbers attached? Yes No

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

Name: William S. Bowen

Internal Address: 4910 Westwood Drive

Street Address: 4910 Westwood Drive

City: Huntsville State: AL ZIP: 35810

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41):

- Enclosed Previously Paid, 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.

William S. Bowen Name of Person Signing

William S. Bowen Signature

Nov 19, 2003 Date

Total number of pages including cover sheet, attachments, and document: 6

Mail documents to be recorded with required cover sheet information to: Commissioner of Patents & Trademarks, Box Assignments Washington, DC 20231

Corrective

FORM PTO-1594 (Rev. 6-93)

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

TRADEMARKS ONLY CONTINUATION

Tab settings

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

1. Name of conveying party(ies):

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

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

2. Name and address of receiving party(ies)

Name: Bruce Thornhill

Internal Address:

Street Address: 201 6th Street, NE

City: Arab State: AL ZIP: 35016

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

3. Nature of conveyance:

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

Execution Date:

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2363505

Additional numbers attached? Yes No

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

Name:

Internal Address:

Street Address:

City: State: ZIP:

6. Total number of applications and registrations involved:



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

- 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.

William S. Bowen Name of Person Signing

William S. Bowen Signature

Nov 19, 2003 Date

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



Mail documents to be recorded with required cover sheet information to: Commissioner of Patents & Trademarks, Box 480000 Washington, DC 20231

Form PTO-1594 (Rev. 07/05)

OMB Collection 0651-0027 (exp. 03/30/2008)

*Continuation*

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

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

- Individual(s)
- General Partnership
- Corporation- State: \_\_\_\_\_
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance (Execution Date(s) :

Execution Date(s) \_\_\_\_\_

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: SAL CUOMO

Internal

Address: \_\_\_\_\_

Street Address: 2405 Southern Blvd

City: BRONX

State: NY

Country: \_\_\_\_\_ Zip: 10458

Association Citizenship \_\_\_\_\_

General Partnership Citizenship \_\_\_\_\_

Limited Partnership Citizenship \_\_\_\_\_

Corporation Citizenship \_\_\_\_\_

Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2363505

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: \_\_\_\_\_

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \_\_\_\_\_

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

B. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature: William S. Bowen

Signature

Nov. 19, 2007

Date

WILLIAM S. BOWEN

Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22312-1450

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0951-0027 (exp. 6/30/2008)

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

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

- Individual(s)
- General Partnership
- Corporation- State: \_\_\_\_\_
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

2. Nature of conveyance (Execution Date(s) :

Execution Date(s) \_\_\_\_\_

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: Guy Villari

Internal Address: \_\_\_\_\_

Street Address: 386 AIRPORT RD

City: LIBERTY

State: NY

Country: \_\_\_\_\_ Zip: 12754

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_

B. Trademark Registration No.(s) \_\_\_\_\_

2363505

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: \_\_\_\_\_

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

6. Total number of applications and registrations involved:

\_\_\_\_\_

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \_\_\_\_\_

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

9. Signature:

William S Bowen  
Signature  
WILLIAM S BOWEN  
Name of Person Signing

Nov. 19, 2003  
Date

Total number of pages (including cover sheet, attachments, and document): \_\_\_\_\_

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10-17-2006

Form PTO-1594 (Rev. 07/05)  
OMIS Collection 0661-0027 (exp. 6/30/7)



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

MRB  
11/19/03

103322148

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):  
William S. Bowen

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation- State: \_\_\_\_\_  
 Other \_\_\_\_\_

Citizenship (see guidelines): \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

2. Name and address of receiving party(ies)  
Additional names, addresses, or citizenship attached?  Yes  No

Name: William S. Bowen  
Internal Address: \_\_\_\_\_  
Street Address: 4910 Westwood DR.  
City: Huntsville  
State: AL  
Country: \_\_\_\_\_ Zip: 35810

Association      Citizenship \_\_\_\_\_  
 General Partnership      Citizenship \_\_\_\_\_  
 Limited Partnership      Citizenship \_\_\_\_\_  
 Corporation      Citizenship \_\_\_\_\_  
 Other \_\_\_\_\_      Citizenship \_\_\_\_\_

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)

3. Nature of conveyance / Execution Date(s):  
Execution Date(s) Nov. 19, 2003

Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

4. Application number(s) or registration number(s) and identification or description of the Trademark.  
A. Trademark Application No.(s) \_\_\_\_\_  
B. Trademark Registration No.(s) 2363505

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is Unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:  
Name: William S. Bowen  
Internal Address: \_\_\_\_\_  
Street Address: 4910 Westwood DR.  
City: Huntsville  
State: AL      Zip: 35810  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. Total number of applications or registrations involved: \_\_\_\_\_

7. Total fee (37 CFR 2.501)(a)  
 Authorized to be primary  
 Authorized to be agent  
 Enclosed

8. Payment Information:  
a. Credit Card      Last 4: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
b. Deposit Account No.: \_\_\_\_\_  
Authorized User No.: \_\_\_\_\_

9. Signature: William S. Bowen      Date: Nov. 19, 2003  
Signature      Date  
WILLIAM S. BOWEN  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

PREVIOUSLY PAID

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460



Form FTD-1594 (Rev. 07/09)  
OMB Collection 0651-0027 (exp. 03/30/2008)

*Continuation*

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

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation- State: \_\_\_\_\_  
 Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: GUY VILLARI  
Internal Address: \_\_\_\_\_  
Street Address: 386 AIRPORT RD  
City: LIBERTY  
State: NY  
Country: \_\_\_\_\_ Zip: 12754

Association Citizenship \_\_\_\_\_  
 General Partnership Citizenship \_\_\_\_\_  
 Limited Partnership Citizenship \_\_\_\_\_  
 Corporation Citizenship \_\_\_\_\_  
 Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

**3. Nature of conveyance / Execution Date(s):**

Execution Date(s) \_\_\_\_\_

Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s) \_\_\_\_\_  
B. Trademark Registration No.(s) \_\_\_\_\_

Additional sheet(s) attached?  Yes  No

**C. Identification or Description of Trademark(s) (and Filing Data if Application or Registration Number is unknown):**

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

Name: \_\_\_\_\_  
Internal Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**6. Total number of applications and registrations involved:** \_\_\_\_\_

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$** \_\_\_\_\_

Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**

a. Credit Card      Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

**9. Signature:** William S Bowen      Nov. 14, 2003  
Signature      Date

WILLIAM S BOWEN  
Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (877) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460



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Form PTO-1594 (Rev. 07/05)  
OMB Collection 0881-0027 (exp. 6/30/2008)

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

# Continuation

## REGISTRATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office; Please record the attached documents or the new address(es) below.

### 1. Name of conveying party(ies):

- Individual(s)
- General Partnership
- Corporation- State: \_\_\_\_\_
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

### 3. Nature of conveyance / Execution Date(s) :

Execution Date(s) \_\_\_\_\_

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

### 2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: DON MARTIN  
 Internal Address: LION PRESS Suite 108  
 Street Address: 3195 N. POWERLINE RD  
 City: PAMPANO BEACH  
 State: FL  
 Country: \_\_\_\_\_ Zip: 33069

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

### 4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_

B. Trademark Registration No.(s) \_\_\_\_\_

Additional sheet(s) attached?  Yes  No

### C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: \_\_\_\_\_  
 Internal Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### 6. Total number of applications and registrations involved:

\_\_\_\_\_

### 7. Total fee (37 CFR 2.8(b)(8) & 3.41) \$ \_\_\_\_\_

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

### 8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

### 9. Signature:

William S. Bower  
 Signature  
WILLIAM S. BOWER  
 Name of Person Signing

May 19 2007  
Date

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

Documents to be recorded (including cover sheet) should be filed to (571) 273-0149, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

**U.S. PATENT AND TRADEMARK OFFICE  
OFFICE OF PUBLIC RECORDS**

**ASSIGNMENT DIVISION**

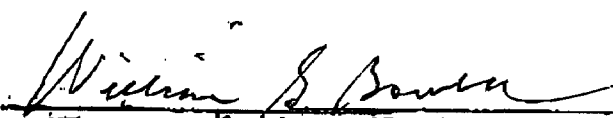
**ASSIGNMENT OF TRADEMARK**

Whereas The Regents composed of William S. Bowen and Bruce Thornhill  
(Name of Assignor)  
of 4910 Westwood Drive, Huntsville, Al 35810  
(Address)  
has adopted, used and is using a (trademark) which is  
(registered/ pending application) No. 2363505  
dated \_\_\_\_\_; and

Whereas,  
William S. Bowen, Bruce Thornhill, Sal Cuomo, Guy Villari, Don Msrtin  
(Name of Assignee)  
of \_\_\_\_\_  
(Address)

is desirous of acquiring said (registered or pending) trademark;  
Now therefore, for good and valuable consideration, the receipt  
of which is hereby acknowledged, said The Regents composed of William S. Bowen & Bruce  
Thornhill (Assignor)  
does hereby assign to the said William S. Bowen, Bruce Thornhill, Sal Cuomo all right,  
(Assigned) Guy Villari and Don Martin  
title, and interest in and the (trademark) goodwill of the  
business symbolized thereby.

Date of Execution: Nov 19, 2003.  
Date of Execution  
\_\_\_\_\_

  
(Signature of assignor, if assignor is a corporation, give official title along with signature)