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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):

Kukje Corporation

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other Korean Corporation
- Association
- Limited Partnership

Citizenship (see guidelines) Korea
Additional names of conveying parties attached? Yes No

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

Execution Date(s) January 29, 2009

- 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: IS Networks Co., Ltd.

Internal

Address: _____

Street Address: 360-1, AN-DONG

City: KIM-HAE CITY, KYUNG-NAM

State: _____

Country: KOREA

Zip: _____

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Korea
- Other _____ Citizenship Korea

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)

1481652

Additional sheet(s) attached? Yes No

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

MISCELLANEOUS DESIGN

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

Name: Ladas & Parry LLP

Internal Address: Suite 2100

Street Address: 5870 Wilshire Boulevard

City: Los Angeles

State: California

Zip: 90036

Phone Number: 323-934-2300

Fax Number: 323-934-0202

Email Address: LA_MAIL@LADAS.COM

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- 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 12-0415

Authorized User Name M. Iris Hess

9. Signature:

M. Iris Hess

Signature

March 27, 2008

Date

M. Iris Hess, Esq.

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (971) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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LS Networks Co., Ltd.
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Our Ref: ASGN08/0014

**NO DOCUMENT REQUIRED IN ORDER TO RECORD THE CHANGE
OF NAME**