DP \$115,00 13058

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
NewStar Financial, Inc.		12/22/2006	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Cruz Bay Publishing, Inc.
Street Address:	300 Continental Boulevard, Suite 650
City:	El Segundo
State/Country:	CALIFORNIA
Postal Code:	90245
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 4

Property Type	Number	Word Mark
Registration Number:	1305863	SOUTHWEST ART
Registration Number:	1305865	SOUTHWEST ART
Registration Number:	2634637	ART SOURCE
Registration Number:	2634636	SOUTHWEST ART'S ART SOURCE

CORRESPONDENCE DATA

Fax Number: (202)659-1559

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (734) 623-1938

Email: trademark@dickinsonwright.com, jnishi@dickinsonwright.com,

nhudge@dickinsonwright.com

Correspondent Name: John C. Nishi

Address Line 1: 1875 Eye Street, N.W., Suite 1200

Address Line 2: International Square

Address Line 4: Washington, DISTRICT OF COLUMBIA 20006

NAME OF SUBMITTER: John C. Nishi

TRADEMARK

REEL: 003905 FRAME: 0709

900122955

Signature:	/John C. Nishi/
Date:	12/17/2008
Total Attachments: 1 source=Release of Sec Interest NewStar Fi	nancial #page1.tif

TRADEMARK
REEL: 003905 FRAME: 0710

<u> </u>			•	
	•			•
	#			
	# 			
			•	
	— I≃ ABBENIDMENT	г		
C FINANCING STATEMEN	TAMENDMEN	•		
LOW INSTRUCTIONS (front and back) CA	REFULLY		DELAWARE DE	PARIMENT OF ST
NAME & PHONE OF CONTACT AT FILER (pptionali	1	U.C.C. E	TILING SECTION
SEND ACKNOWLEDGMENT TO: (Name ar	od Adress)			.3 PM 12/22/200
SEND ACKNOWLEDGMENT TO: (Name at	10 A00.044)	_		NG NUM: 530418
Joshua R. Jones		1	AMENDMENT	NUMBER: 645083
Dickinson Wright PLLC			SRV	061180695
38525 Woodward Ave., Suite 20	000	Į.		
Bloomfield Hills, MI 48304				
_		1		
L			E SPACE IS FOR FILING OFFICE US	SE ONLY
		THE ABO	Tax This SINANCING STATEME	NY AMENDMENT IS
INITIAL FINANCING STATEMENT FILE	Constant of Cinta		to be filed [for record] (or re- REAL ESTATE RECORDS.	corded) in vie
3041846 filed 9/30/05 with Delaware : X TERMINATION: Effectiveness of the Finance	des Emission of Markets above to	terminated with respect to security interestis?	of the Secreted Party suchorizing this Termin	sation Statement.
	ang aratement sterested above it	a with manual to pay with internation of the I	secured Party authorizing this Continuation	Statement is
CONTINUATION: Effectiveness of the Ffs: continued for the additional period provided by	ancing Statement identified abov v applicable law.	Mile upstated to specially harmonday or one of		
ASSIGNMENT (full or partially. Give name to		advanced anniques in here Ter and also down	nerne of assignor in item 9.	
			colu one ol these had baxes.	
AMENDMENT (PARTY INFORMATION):	This Amendment affects Deb			
Also check gos of the following three boxes and pr TT CHANGE name and/or eddress: Give current		n nhưm name PT DELETE NAME GIVE MICC	ord name ADC name: Complete item r 8b. Ram 7c; also complete item	7a or 70, and also
name (if name change) in item 78 or 10 and/or	new address (if address change)	in tem 7c. to be deleted in item fia or	Bb. TRAM 7C; \$50 CONTENTS WALL	a variation
CURRENT RECORD INFORMATION:				
60 ORGANIZATION'S NAME				
Cruz Bay Publishing, Inc.		FIRST NAME	MIDDLE NAME	SUFFIX
66. INDIVIDUAL'S LAST NAME		13311343		
CHANGED (NEW) OR ADDED INFORMATION	N:			
79 ORGANIZATION'S NAME				
75 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
() P INCHAILDING 2 CAST HAVE				
1		CITY	STATE POSTAL CODE	COUNTRY
			1 1	
MAILING ADDRESS			70. ORGANIZATIONAL ID #, #	rny
	THOS OF ODCANIZATION			
	TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZATION		NONE
TAX ID 8 SSM OR EIN ADD'LINFO RE 7	TO TYPE OF DRIGANIZATION	71. JURISDICTION OF ORGANIZATION		NONE
TAXID F SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box			NONE
TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		ssigned.	NONE
TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		ssigned.	NONE
TAX ID 9: SSN OR EIN ADO'L INFO RE 7 ORGANIZATION DEBTOR	: check only non box		ssigned:	NONE
TAXID F SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		ssigned.	NONE
ORGANIZATION DEBTOR DEB	: check only non box		ssigned.	NONE
TAXID F SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		salgnad.	NONE
TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		ssigned.	NONE.
TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		salgned.	NONE
TAXID SSNOREIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		s algned.	NONE
TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	: check only non box		salgned.	NONE
TAX ID 9: SSM OR EIN ADO'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE) Describe collateral desketed or added, c	: c'eck only gag box or give entire ∏resisted cofster	rel description, or describs collateral		
TAX ID 9: SSM OR EIN ADO'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE) Describe collateral desketed or added, c	: c'eck only gag box or give entire ∏resisted cofster	ral description, or describe collateral	Assignment). If this is an Amanoment author	orized by a Deblar which
TAX ID # SSM OR EIN ADO'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE) Describe collisterel deleted or added, c	: check only pag box or give entire resisted consist	rel description, or describe collateral		orized by a Deblar which
TAX ID 9: SSM OR EIN ADO'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANCE) Describe collateral deleted or added,	: check only pag box or give entire resisted consist	rel description, or describe collateral	Assignment). If this is an Amanoment author	orized by a Deblar which
TAX ID 9: SSM OR EIN ADD'L INFO RE 70 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANCE) Describe collateral deleted or added, or added, or NAME OF SECURED PARTY OF RECO	: check only pag box or give entire resisted consist	rel description, or describe collateral	Assignment). If this is an Amanoment author	oxized by a Ceblor which II.
TAX ID 9: SSN OR EIN ADD'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE) Describe obligaterel deleted or added,	: check only pag box or give entire resisted consist	rel description, or describs collateral	Assignment). If this is an Amanoment author	orized by a Deblar which
TAX ID 9: SSM OR EIN ADD'L INFO RE 70 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANCE) Describe collaterel dalleted or added, or added, or NAME OF SECURED PARTY OF RECO	: check only pag box or give entire resisted consist	rel description, or describe collateral	Assignment). If this is an Amenoment authors of DEBTOR authorizing this Amendmen	oxized by a Ceblor which II.
TAX ID 9: SSN OR EIN ADD'L INFO RE 7 ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE) Describe obligaterel deleted or added,	: check only pag box or give entire resisted consist	rel description, or describs collateral	Assignment). If this is an Amenoment authors of DEBTOR authorizing this Amendmen	oxized by a Ceblor which II.

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)



TRADEMARK REEL: 003905 FRAME: 0711

RECORDED: 12/17/2008