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Name of conveying party(ies): (List using letters or	Name and address of receiving party(ies):					
numbers for multiple parties) EQUATOR AUDIO RESEARCH, LLC	Name: KNOBBE, MARTENS, OLSON, BEAR, LLP Internal Address: 14TH FLOOR Street Address: 2040 MAIN STREET City: IRVINE State: CA ZIP: 92614					
() Individual	() Individual					
Additional name(s) of conveying party(ies) attached? () Yes (X) No 3. Nature of conveyance:	If assignee is not domiciled in the United States, a domestic representative designation is attached: () Yes (X) No Additional name(s) and address(es) attached? () Yes (X) No					
() Assignment () Security Agreement () Merger () Change of Name (X) Other: Security Interest	4. Application number(s) or registration number(s): a. Trademark Application No(s): 77/229382-Filed on 7/13/2007					
Execution Date: (List as in section 1 if multiple signatures)	b. Trademark Registration No(s):					
MAY 15, 2009	Additional numbers attached? (X) Yes () No					
Party to whom correspondence concerning document should be mailed:	Total number of applications and registrations involved: 4					
Customer No. 20,995 Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14 th Floor Irvine, CA 92614 Return Fax: (949) 760-9502 Attorney's Docket No.: KFFLO.UCC1	7. Total fee (37 CFR 1.21(h)): \$115.00 (X) Authorized to be charged to deposit account					
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Case No.	Trademark Name:	Application No.	Filing F	Reg Date:	Reg No:
KFFLO.001T	DIGITALLY CONTROLLED	77/229372	7/13/2007	5/27/2008	3438535
	TRANSDUCERS				
KFFLO.003T	EQUATOR AUDIO RESEARCH	77/229388	7/13/2007		
KFFLO.004T	SECONDARY REFLECTION	77/229391	7/13/2007	6/3/2008	3443192
	CORRECTION				

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UCC FINANCING STATEMENT

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A. NAME & PHONE OF CONTACT AT FILER [optional] YBARRA									
(949) 760-0404									
B. SEND ACKNOWLEDGMENT TO: (Name and Address)									
Knobbe, Martens, Olson & Bear, LLP			DOCUMENT NUMBER: 21062470002						
2040 Main Street, 14th Floor			FILING NUMBER: 09-7196680480						
Irvine, CA 92614			FILING DATE: 05/15/2009 18:00 IMAGE GENERATED ELECTRONICALLY FOR WES FILING						
USA			THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY						
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1a. ORGANIZATION'S NAME									
OR Equator Audio Research, LLC									
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE N	MIDDLE NAME		SUFFIX		
1c. MAILING ADDRESS	СІТҮ			STATE	POSTAL COL	ÞΕ	COUNTRY		
9474 Chesapeake Dr., Suite 905	San Diego			CA	92123		USA		
1d. SEE ADD'L DEBTOR INFO	1e. TYPE OF	If. JI	URISDICTION	In OPGA	NIZATIONAL	ID# If a	anu -		
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	Company			<u>l</u>					
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert of		(2a o	r 2b) - do not a	bbreviate d	or combine na	mes			
2a, ORGANIZATION'S NAME			·, ·	٠.					
OR 25. INDIVIDUAL'S LAST NAME	FIRST NAME			MIDDLE	NAME		SUFFIX		
2c. MAILING ADDRESS	CITY			STATE	STATE POSTAL CODE		COUNTRY		
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2d. SEE ADD'L DEBTOR INFO	ORGANIZATION	OF C	PRGANIZATION	<u> </u>		ID#, if a			
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