

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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

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Fax Number: (614)227-2100
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 614-227-2116
Email: mmartin-jones@porterwright.com
Correspondent Name: Melanie Martin-Jones, Porter Wright
Address Line 1: 41 S High St
Address Line 4: Columbus, OHIO 43215

ATTORNEY DOCKET NUMBER:	4003821-161710
NAME OF SUBMITTER:	Melanie Martin-Jones
Signature:	/mrmj/
Date:	09/10/2009

Total Attachments: 1
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OHIO SECRETARY OF STATE

2009 SEP -1 PM 12:06

CLIENT SERVICE CENTER

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. GALE HEANEY (614) 227-2065

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Porter, Wright, Morris & Arthur
 41 S. High St.
 Columbus, OH 43215

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **OH00090753710**

1b. This FINANCING STATEMENT AMENDMENT is
 to be filed (for record) (or recorded) in the
 REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT:** (All or partial). Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7:

CHANGE name and/or address; Please refer to the detailed instructions in regards to changing the name/address of a party. **DELETE** name: Give record name to be deleted in item 6a or 6b. **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
DURA LUBE, LLC

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TYPE OF ORGANIZATION 7e. JURISDICTION OF ORGANIZATION

8. AMENDMENT (COLLATERAL CHANGE): check one name box.
 Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

*Douglas S. Skalka, Esq., as Agent for the Media Group, Inc., American Direct Marketing, Inc., International Media, Inc., Herman S. Howard, Dura-Lube Corporation, Fusion Distributors, LLC and High Rev Products, LLC

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Douglas S. Skalka, Esq., as Agent (*see above for complete name)

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
Ohio Secretary of State