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O:MAGGIE FOLEY COMPANY:ONE ERDMAN PLACE STE. 102

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
Stylesheet Version v1.104/06/2011  
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SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Sway, Inc		01/10/2010	CORPORATION:
RECEIVING PARTY DATA			
Name:	Shoutlet, Inc		
Street Address:	One Erdman Place Ste. 102		
City:	Madison		
State/Country:	WISCONSIN		
Postal Code:	53717		
Entity Type:	CORPORATION: <i>Delaware</i>		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77034207	SHOUTLET	
CORRESPONDENCE DATA			
Fax Number:	(608)833-9029		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	608-829-2307		
Email:	maggie@shoutlet.com		
Correspondent Name:	Maggie Foley		
Address Line 1:	One Erdman Place Ste. 102		
Address Line 4:	Madison, WISCONSIN 53717		
NAME OF SUBMITTER:	Maggie Foley		
Signature:	/MaggieFoley/		
Date:	04/06/2011		
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QP \$40.00 77034207

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United States of America

State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



AN AMENDED

CERTIFICATE OF AUTHORITY or REGISTRATION

Issued to

SHOUTLET, INC.

an organization formed under the laws of DELAWARE,

authorizing the organization to transact business in this state, effective JUNE 4, 2010,

as a

- Foreign limited liability partnership, under sec. 178.45, Wis. Stats.
- Foreign limited partnership, under sec. 179.82, Wis. Stats
- Foreign corporation, under sec. 180.1503, 180.1504, 181.1503 or 181.1504, Wis. Stats.
- Foreign limited liability company, under sec. 183.1004 or 183.1006, Wis. Stats.

Date of Issue: JUNE 10, 2010.



RAY ALLEN, Deputy Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

See reverse for more information

DFI/CORP/22(R 04/13/05)

## CONTINUING REQUIREMENTS

### Maintain a Registered Agent and Office in Wisconsin

Each foreign organization licensed or registered to transact business in Wisconsin must continuously maintain a registered agent and office in Wisconsin. If such agent is a natural person, the agent must be a resident of Wisconsin. Or, the agent may be some other domestic or licensed foreign organization qualified to act under the appropriate statutes. The organization may not name itself as its own registered agent.

### File an Annual Report

Each foreign corporation and limited liability company licensed to transact business in Wisconsin is obliged to file an annual report. Report forms are distributed during January to the organization's registered agent and office in Wisconsin, and are due March 31. The initial annual report is due March 31<sup>st</sup> the year after the entity becomes licensed. Failure to file the report sets grounds for revocation of the organization's authority to transact business in Wisconsin. There is no annual report filing requirement for foreign limited partnerships or foreign limited liability partnerships.

### File for an Amended Certificate of Authority

Promptly file for an amended certificate of authority or registration to reflect a change in the name of the entity or other changes to information set forth in the original application.

For additional information and blank forms, contact

Department of Financial Institutions  
Division of Corporate & Consumer Services  
P O Box 7846  
Madison, Wisconsin 53707-7846

Phone (608) 261-7577  
Website: [www.wdfi.org](http://www.wdfi.org)

O:MAGGIE FOLEY COMPANY:ONE ERDMAN PLACE STE. 102

Sec. of State  
Wis. State  
DEPARTMENT OF FINANCIAL INSTITUTIONS

2010 MAY 17 AM 9:00

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

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### FOREIGN BUSINESS CORPORATION - CERTIFICATE OF AUTHORITY APPLICATION

Indicate (X) below if the application is for a (A) ORIGINAL or (B) for an AMENDED certificate.

1. A.  ORIGINAL certificate

Name of Corporation	2. State or Country of Incorporation

1.B.  AMENDED certificate (Enter the corporate name, state or country of organization, and date of incorporation, as changed or continued.) Complete all other items, except items 8, and 12 thru 14.

Previous Name of Corporation (name under which it is currently registered in WI) Sway, Inc.	2. State or Country of Incorporation DE
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New or Continuing Name of Corporation Shoutlet, Inc.	2. State or Country of Incorporation DE
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3. Date of Incorporation (MM/DD/YYYY) 10/28/2004	4. Does the corporation have perpetual existence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, organized for a duration of _____ years
---	--

5. Name of Registered Agent in Wisconsin Jason D. Weaver	WIFI CREDIT
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6. Street address of Registered Office in Wisconsin One Erdman Place, Suite 102		
City Madison	State WI	Zip/Postal code 53717

7. Address of Principal Office One Erdman Place, Suite 102			
City Madison	State/Province WI	Country United States	Zip/Postal code 53717

8. Has the corporation transacted business in Wisconsin without holding a Certificate of Authority?

No  Yes If "Yes", complete and attach supplemental Form 21S

O:MAGGIE FOLEY COMPANY:ONE ERDMAN PLACE STE. 102

## 9. Names and Usual Business Addresses of Officers (may be scheduled)

Title	Name	Address
CEO.	Jason D. Weaver	One Erdman Place, Suite 102 Madison, WI 53717
Pres.	Aaron T. Everson	One Erdman Place, Suite 102 Madison, WI 53717
V-P		
Secy		
Treas.		

## 10. Names and Usual Business Addresses of Directors (may be scheduled) If the corporation has no directors, enter "None"

Title	Name	Address
Chair.	Jason D. Weaver	One Erdman Place, Suite 102 Madison, WI 53717
Dir.	Aaron T. Everson	One Erdman Place, Suite 102 Madison, WI 53717
Dir.	Mark Glennon	c/o Leo Capital Holdings 1101 Skokie Blvd., Suite 225, Northbrook, IL 60062
Dir.	Steve Miller	c/o Origin Ventures 1033 Skokie Blvd., Suite 430, Northbrook, IL 60062

## 11. Indicate the number of shares the corporation has authority to issue and the number of shares issued, itemized by class and series (if any), and the par value of the shares, or a statement that the shares are without par value: (may be scheduled)

Class	Series	Number of Shares		Indicate Par Value (\$) per share, or "NPV" for No Par Value
		AUTHORIZED to issue	ISSUED	
Common		4,000,000	2,740,592	.001
Preferred	A	1,200,000	1,089,462	.001

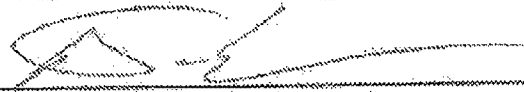
12. Compute the proportion of capital the corporation expects to have represented in Wisconsin in the coming year, using either a calendar or fiscal year basis. (NOTE: Start by completing items A(1) thru A(7). Continue, and in sequence, first complete item B and next item C, as each or both may be necessary, and post the results to item A and complete the computations in item A. Corporations paying both Par Value and No Par Value shares issued will utilize both item B and item C.

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15. Reemit the one appropriate **FILING FEE**, payable to Department of Financial Institutions

ORIGINAL Certificate, from item 14 \$ 100.00, or more	OR	ORIGINAL Certificate, from Supplemental Form 21S \$ _____	OR	AMENDED Certificate \$ 40.00
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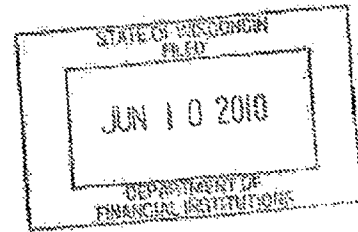
16. Aaron T. Everson  
(Signatory's printed name)

  
(Officer's signature)

Executed on 5/19/11  
(Date)

President  
(Officer's title)

⇒ NOTE: Every application must be accompanied by a current (not more than 60 days old) **CERTIFICATE OF STATUS** issued by the Secretary of State or other public custodian of corporate records in the state in which the corporation is organized.



O:MAGGIE FOLEY COMPANY:ONE ERDMAN PLACE STE. 102

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHOUTLET, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF MAY, A.D. 2010.

3873826 8300

100566132



You may verify this certificate online  
 at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Jeffrey W. Bullock*  
 \_\_\_\_\_  
 Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8017031

DATE: 05-25-10



USPTO

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O:MAGGIE FOLEY COMPANY:ONE ERDMAN PLACE STE. 102

FOREIGN BUSINESS CORPORATION  
CERTIFICATE OF AUTHORITY APPLICATION

[ SHOUTLET, INC. 7  
ONE ERDMAN PL STE 102  
MADISON WI 53717  
L ]

▲ Enter your return address within the brackets above

Phone number during the day: ( ) \_\_\_\_\_

**INSTRUCTIONS** (Ref. sec. 180.1503 or 180.1504, Wis. Stats. for document content)

<p>Submit one original and one exact copy along with the required filing fees and a current <b>CERTIFICATE OF STATUS</b> to the address listed below. Make checks payable to the "<u>Department of Financial Institutions</u>". Filing fee is non-refundable. Sign the document manually or otherwise as allowed under sec. 180.0103(16), Wis. Stats.</p>		
<p><b>Mailing Address:</b> Department of Financial Institutions Division of Corporate &amp; Consumer Services P O Box 7846 Madison WI 53707-7846</p>	<p><b>Physical Address for Express Mail:</b> Department of Financial Institutions Division of Corporate &amp; Consumer Services 345 W. Washington Ave - 3<sup>rd</sup> Fl. Madison WI 53703</p>	<p>Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818</p>

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

This application is appropriate for use by a foreign, for-profit stock corporation or cooperative association. Foreign nonstock corporations, including nonprofit corporations, apply on Form 121 (Foreign Nonstock Corporation - Certificate of Authority Application).

- (A) For an ORIGINAL certificate of authority, complete items A 1 and A 2 and items 3 thru 16. If the corporation has transacted business in Wisconsin without holding a certificate of authority, also complete and submit **supplemental Form 21S**. Respond to all items. If the answer to any item is "zero" or "none", enter that remark.
- (B) For an AMENDED certificate of authority, complete items B1, B2 and items 3 thru 7, 9 thru 11, and 15 and 16. Respond to all items. If the answer to any item is "zero" or "none", enter that remark. **Supplemental Form 21S is not required**. The certificate of status must be issued under the new or continuing name of the corporation. A certified copy of the charter documents is not an acceptable substitute.

DFI/CORP21I(R09/05)

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RECORDED: 05/27/2011

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