

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|---|--|----------------|---------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Third Era Studios LLC | | 11/29/2010 | LIMITED LIABILITY COMPANY: WASHINGTON |
| RECEIVING PARTY DATA | | | |
| Name: | Undead Labs LLC | | |
| Street Address: | 105 S. Main Street, Suite 230 | | |
| City: | Seattle | | |
| State/Country: | WASHINGTON | | |
| Postal Code: | 98104 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: WASHINGTON | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 77858123 | CLASS 4 | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (212)468-4888 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 2124684802 | | |
| Email: | amartucci@dglaw.com | | |
| Correspondent Name: | Angela M. Martucci, Esq. | | |
| Address Line 1: | Davis & Gilber tLLP 1740 Broadway | | |
| Address Line 4: | New York, NEW YORK 10019 | | |
| ATTORNEY DOCKET NUMBER: | 25593-9999 (CH CL 4 ASSN) | | |
| NAME OF SUBMITTER: | Angela M. Martucci | | |
| Signature: | /Angela M. Martucci/ | | |
| Date: | 06/17/2011 | | |
| Total Attachments: 1 source=Class 4 Amended Certificate of Formation#page1.tif | | | |

CH \$40.00 77858123



STATE OF WASHINGTON
SECRETARY OF STATE

Limited Liability Company
See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

11/29/10 1845508-002
\$80.00 R #B3B39Z 291076382:
id: 2003606

FILED
SECRETARY OF STATE
SAM REED
NOV 29, 2010
STATE OF WASHINGTON

UBI Number: 602961441

AMENDED CERTIFICATE OF FORMATION/REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: (as currently recorded with the Office of the Secretary of State)

THIRD ERA STUDIOS LLC

SECTION 2

AMENDMENTS TO CERTIFICATE: (if necessary, attach additional information)

THE NAME OF THE LIMITED LIABILITY COMPANY IS UNDEAD LABS LLC.

SECTION 3

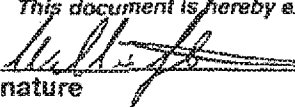
EFFECTIVE DATE OF AMENDMENTS TO CERTIFICATE: (please check one of the following)

- Upon filing by the Secretary of State
- Specific Date: _____ (Specified effective date must be within 90 days AFTER the Amended Certificate has been filed by the Office of the Secretary of State)

SECTION 4

MEMBER OR MANAGER SIGNATURE (see instructions page)

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

| | | | |
|---|----------------------------|---------------|----------------|
| x  | WILLIAM J. STRAIN, MANAGER | NOV. 29, 2010 | (206) 300-1807 |
| Signature | Printed Name/Title | Date | Phone |