

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

|   |  |                |  |
|---|--|----------------|--|
| <b>SUBMISSION TYPE:</b>   | NEW ASSIGNMENT                           |                |  |
| <b>NATURE OF CONVEYANCE:</b>  | CHANGE OF NAME                           |                |  |
| <b>CONVEYING PARTY DATA</b>   |  |                |  |
| Name  | Formerly                                 | Execution Date | Entity Type                              |
| FBC Investment Group LLC  |  | 08/13/2009     | LIMITED LIABILITY COMPANY: UNITED STATES |
| <b>RECEIVING PARTY DATA</b>   |  |                |  |
| <b>Name:</b>  | CAD Audio, LLC                           |                |  |
| <b>Street Address:</b>  | 6573 Cochran Road                        |                |  |
| <b>Internal Address:</b>  | Building I                               |                |  |
| <b>City:</b>  | Solon                                    |                |  |
| <b>State/Country:</b>   | OHIO                                     |                |  |
| <b>Postal Code:</b>   | 44139                                    |                |  |
| <b>Entity Type:</b>   | LIMITED LIABILITY COMPANY: UNITED STATES |                |  |
| <b>PROPERTY NUMBERS Total: 2</b>  |  |                |  |
| Property Type   | Number                                   | Word Mark      |  |
| Registration Number:  | 2238896                                  | ASTATIC        |  |
| Registration Number:  | 2233989                                  | ASTATIC        |  |
| <b>CORRESPONDENCE DATA</b>  |  |                |  |
| <b>Fax Number:</b>  | 2165231705                               |                |  |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i> |  |                |  |
| <b>Phone:</b>   | 2165231500                               |                |  |
| <b>Email:</b>   | bfriesen@mggmlpa.com                     |                |  |
| <b>Correspondent Name:</b>  | Brendon P. Friesen                       |                |  |
| <b>Address Line 1:</b>  | 55 Public Square                         |                |  |
| <b>Address Line 2:</b>  | Suite 2150                               |                |  |
| <b>Address Line 4:</b>  | Cleveland, OHIO 44113                    |                |  |
| <b>ATTORNEY DOCKET NUMBER:</b>  | 4989.0000                                |                |  |
| <b>NAME OF SUBMITTER:</b>   | BRENDON P. FRIESEN                       |                |  |

OP \$65.00 2238896

|   |                      |
|---|----------------------|
| Signature:  | /Brendon P. Friesen/ |
| Date:   | 12/21/2012           |
| Total Attachments: 3<br>source=Change of Name legal documentation#page1.tif<br>source=Change of Name legal documentation#page2.tif<br>source=Change of Name legal documentation#page3.tif |                      |



|            |              |  |        |       |         |      |      |
|------------|--------------|--|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                    | FILING | EXPED | PENALTY | CERT | COPY |
| 08/17/2009 | 200922900144 | AMEND/ARTICLES-<br>ORGANIZATION/DOM. LLC (LAM) | 50.00  | .00   | .00     | .00  | .00  |

**Receipt**

This is not a bill. Please do not remit payment.

ROETZEL & ANDRESS  
 NATIONAL CITY CTR, 12TH FLOOR  
 155 EAST BROAD STREET  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1618503

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CAD AUDIO, LLC**

and, that said business records show the filing and recording of:

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**200922900144**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 14th day of August, A.D.  
 2009.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

|   |                                   |
|---|-----------------------------------|
| <b>Expedite this Form: (Select One)</b>       |                                   |
| <b>Mail Form to one of the Following:</b>     |                                   |
| <input type="radio"/> Expedite                | PO Box 1390<br>Columbus, OH 43216 |
| *** Requires an additional fee of \$100 ***   |                                   |
| <input checked="" type="radio"/> Non Expedite | PO Box 1329<br>Columbus, OH 43216 |

www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement  
Filing Fee \$50.00**

RECEIVED  
SECRETARY OF STATE  
COLUMBUS, OH 43216

**(CHECK ONLY ONE (1) BOX)**

|   |   |
|---|---|
| <p><b>(1) Domestic Limited Liability Company</b></p> <p><input checked="" type="checkbox"/> <b>Amendment (129-LAM)</b></p> <p>_____</p> <p>4/25/2006</p> <p>Date of Formation</p> | <p><b>(2) Domestic Limited Liability Company</b></p> <p><input type="checkbox"/> <b>Restatement (142-LRA)</b></p> <p>_____</p> <p>Date of Formation</p> |
|---|---|

The undersigned authorized representative of:

|  |   |
|--|---|
| _____<br>FBC Investment Group LLC<br>Name of limited liability company | _____<br>1618503<br>Registration number |
|--|---|

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

\_\_\_\_\_

CAD Audio, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: \_\_\_\_\_

Period of Existence

Purpose

\_\_\_\_\_

\_\_\_\_\_

Check here if additional provisions are attached

**REQUIRED**  
Must be (signed) by a  
member, manager or  
other representative.

F. Briggs Carr  
Signature

8-13-09  
Date

F. Briggs Carr, President  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name