



01/15/2013



U.S. DEPARTMENT OF COMMERCE  
States Patent and Trademark Office

Form TSO-1594 (Rev. 12-11)  
Collection 0851-0027 (exp. 04/30/2015)

103654198

RECORDATION  
**TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

01/15/13

1. Name of conveying party(ies):

Home Pro's Guide

- Individual(s)
- Partnership
- Corporation- State: \_\_\_\_\_
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) 3/1/2011

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: NY MEDIA GROUP, LLC

Street Address: 2525 N State Rd 7, #105

City: Hollywood

State: FL

Country: US Zip: 33021

- Individual(s) Citizenship \_\_\_\_\_
- Association Citizenship \_\_\_\_\_
- Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_
- Other LLC Citizenship Florida

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and Identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_ Text \_\_\_\_\_

B. Trademark Registration No.(s) 3372016

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Neomi Shrenker

Internal Address: 3723 NW 88th Ter N.S

Street Address: 3723 NW 88th Ter

City: Cooper City

State: FL Zip: 33024

Phone Number: 954-297-5513

Docket Number: \_\_\_\_\_

Email Address: neomi@homeprosguides.com

9. Signature:

Name of Person Signing: Neomi Shrenker

6. Total number of applications and registrations involved:

CHECK Refund Total: \$50.00

7. Total fee (37 CFR 2.8(b)(8) & 3.41) \$ 100.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment information:

Deposit Account Number 00000027 3372016

Authorized User Name \_\_\_\_\_ 40.00 OP

01/13/2012 Date

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22313-1450

TRADEMARK

REEL: 004956 FRAME: 0521

Documentation no longer required for trademark change of name.