

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
R.O.B.A. Interactive, LLC		01/23/2013	LIMITED LIABILITY COMPANY: FLORIDA
RECEIVING PARTY DATA			
Name:	CORNER OF THE CAVE INTERACTIVE		
Street Address:	4500 BISCAYNE BLVD.		
Internal Address:	Suite 201		
City:	Miami		
State/Country:	FLORIDA		
Postal Code:	33137		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85275281	ROBA	
CORRESPONDENCE DATA			
Fax Number:	2125939175		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	212-980-0120		
Email:	pto@fkks.com		
Correspondent Name:	Frankurt Kurnit Klein & Selz PC		
Address Line 1:	488 Madison Avenue		
Address Line 2:	Attn.: Trademark Department		
Address Line 4:	New York, NEW YORK 10022		
ATTORNEY DOCKET NUMBER:	020535.0400		
NAME OF SUBMITTER:	Matthew Bart		

OP \$40.00 85275281

Signature:	/Matthew Bart/
Date:	07/15/2013
Total Attachments: 1 source=2013_07_02_11_40_01#page1.tif	

EXHIBIT A

Application for Registration of a Fictitious Name

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G13000008100

Fictitious Name to be Registered: CORNER OF THE CAVE INTERACTIVE

Mailing Address of Business: 4500 BISCAYNE BLVD
STE. 201
MIAMI, FL 33137

Florida County of Principal Place of Business: MULTIPLE

FEI Number:

Owner(s) of Fictitious Name:

ROBA INTERACTIVE LLC
4500 BISCAYNE BLVD, STE. 201
MIAMI, FL 33137
Florida Document Number: L10000108907
FEI Number: Applied for

FILED
Jan 23, 2013
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

RICK CIKOWSKI

01/23/2013

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()