

11-20-2003



102605335

NOV 16 AM 8:42

OPR/FINANCE

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
- ☐ Resubmission (Non-Recordation)
Document ID#
- ☐ Correction of PTO Error
Reel # Frame #
- ☐ Corrective Document
Reel # Frame #

Conveyance Type

- ☒ Assignment ☐ Security Agreement
- ☐ License ☐ Change of Name
- ☐ Merger ☐ Other
- U.S. Government**
(For Use ONLY by U.S. Government Agencies)
- ☐ Departmental File ☐ Secret File

Conveying Party(ies)

- ☐ Mark if additional names of conveying parties attached
- Execution Date
Month Day Year
 2/19/03

Name (line 1) Michael M. Anthony

Name (line 2)

Second Party

Name (line 1)

Name (line 2)

Execution Date
Month Day Year

Receiving Party

- ☐ Mark if additional names of receiving parties attached

Name (line 1) Kim Horn

Name (line 2)

Address (line 1) 13100 S.W. 33rd Court, Davie, FL 33330

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

11/19/2003 DBYRNE
01 FC:8021

00000130 10385326

40.00 OP

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

PATENT

REEL: 014703 FRAME: 0447

Correspondent Name and Address		Area Code and Telephone Number
		(954) 563-4814
Name <u>Oltman, Flynn & Kubler</u>		
Address (line 1) <u>915 Middle River Drive #415</u>		
Address (line 2) <u>Fort Lauderdale, Florida 33304-3585</u>		
Address (line 3) <u></u>		
Address (line 4) <u></u>		

Pages Enter the total number of pages of the attached conveyance document including any attachments. # 2

Application Number(s) or Patent Number(s) ☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<u>10/385326</u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number PCT PCT
only if a U.S. Application Number PCT PCT PCT
has not been assigned.

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

Method of Payment: Enclosed ☒ Deposit Account ☐
(Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: # 15-0550
Authorization to charge additional fees: Yes ☒ No ☐

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

John H. Oltman [Signature] 11/13/03
Name of Person Signing Signature Date

Assignment of Patent Application

Date: February 19 ~~2002~~ 2003

Parties: Assignor: Michael M. Anthony
Address: 10189 W. Sample Road
Coral Springs, FL 33065

Assignor:
Address:

Assignor:
Address:

Assignee: Kim Horn
Address: 13100 S.W. 33rd Court
Davie, FL 33330

If there are more than one Assignor or Assignee, the words "Assignor" and "Assignee" shall include them.

Identification
of patent
application
assigned:

This assignment relates to a patent application signed by the Assignor on 2/19/2003 ~~xxx~~
and entitled

BINGO CARD MARKER IMPLEMENT

This patent application is called "the Patent Application".

Consideration:

Assignor has received Ten Dollars----- Dollars
(\$ 10.00) and other good and valuable consideration for this assignment.

Assignment
and other
authorizations:

Assignor assigns to Assignee all of the Assignor's right, title and interest in the Patent Application, the invention described and claimed in the Patent Application, and every patent that may issue based on the invention and the Patent Application in the United States and in every foreign country. Assignor also assigns to Assignee all priority rights in the Patent Application."

In those countries where permitted, the Assignor authorizes the Assignee to apply for patents for the invention directly in Assignee's name." Where permitted, the Assignor authorizes the Commissioner of Patents and Trademarks or other governmental authority to issue all patents for the invention directly to the Assignee.

Assignor's
statements:

Assignor states that Assignor has the right to grant to Assignee the rights which are assigned by this assignment. Assignor will sign any additional documents as may be needed to carry out the purpose of this assignment.

Successors:

This assignment is binding on all parties who lawfully succeed to the rights of or take the place of Assignor or Assignee.

Effective date:

The effective date of this assignment is the date at the top of the page.

Margin
headings:

The margin headings are for convenience only.

Signature of
Assignor:

SIGNATURE
Michael M. Anthony
First Name Middle Initial Last Name
Produced Fla. 01
First Name Middle Initial Last Name
First Name Middle Initial Last Name

DATE

02.19.03

* Strike italicized portions only if foreign rights are not intended to be assigned.

CERTIFICATE

STATE OF FLORIDA)
) ss
COUNTY OF BROWARD)

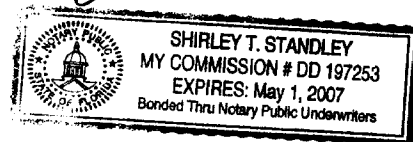
I, the undersigned authority, hereby certify that the attached
is a true and correct copy of an instrument presented to me by

Michael M. Anthony

as the original of such instrument.

WITNESS my hand and official seal, this 13th day of
November, A.D. 2003

Shirley T. Standley
NOTARY PUBLIC



NOTARY SEAL