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Form PTO-1594 (Rev. 03-11)

OMB Collection 0651-0027 (exp. 03/31/2012)

Christina S. Monteiro
Christina S. Monteiro

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

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

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

1. Name of conveying party(ies):

Universal City Studios LLLP

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other Limited Liability Limited Partnership
- Association
- Limited Partnership

Citizenship (see guidelines) Delaware

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 01/21/2011

- Assignment
- Security Agreement
- Other Correction to Cover Sheet 103619640 (overruled)
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Universal City Studios LLC

Internal Address: _____

Address: _____

Street Address: 100 Universal City Plaza

City: Universal City

State: California

Country: USA

Zip: 91608

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____

Other Limited Liability Citizenship Delaware

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)

85/045,416; 85/045,429

B. Trademark Registration No.(s)

1,637,487; 910,491

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: Christina S. Monteiro

Internal Address: Trademark Counsel

1280-5

Street Address: 100 Universal City Plaza

City: Universal City

State: California

Zip: 91608

Phone Number: 818.777.1516

Fax Number: 818.866.1426

Email Address: _____

6. Total number of applications and registrations involved:

4

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$115.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number 50-0333

Authorized User Name Christina S. Monteiro

9. Signature:

Christina S. Monteiro
Signature

Christina S. Monteiro

Name of Person Signing

April 11, 2011

Date

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

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