

Copyright Office fees are subject to change. For current fees, check the Copyright Office website at www.copyright.gov, write the Copyright Office, or call (202) 707-3000.



REGISTRATION NUMBER

TX TXU
Effective Date of Registration

Application Received
Deposit Received
One Two
Correspondence
Fee Received

TYPE OR PRINT IN BLACK INK. DO NOT WRITE ABOVE THIS LINE.

| | | |
|---|---|--|
| Title of This Work: | 1 | |
| Alternative title or title of larger work in which this work was published: | | |
| Name and Address of Author and Owner of the Copyright: | 2 | The BIG SCREEN |
| Nationality or domicile: Phone, fax, and email: | | Phone () Fax () Email |
| Year of Creation: | 3 | 2008 |
| If work has been published, Date and Nation of Publication: | 4 | a. Date July 16, 2008 (Month, day, and year all required) b. Nation |
| Type of Authorship in This Work: | 5 | <input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input type="checkbox"/> Photographs <input checked="" type="checkbox"/> Compilation of terms or data |
| Check all that this author created. | | |
| Signature: | 6 | I certify that the statements made by me in this application are correct to the best of my knowledge. Check one: <input checked="" type="checkbox"/> Author <input type="checkbox"/> Non-authorized agent <i>Patricia McCormick Conroy</i> |
| Registration cannot be completed without a signature. | | |
| Name and Address of Person to Contact for Rights and Permissions: | 7 | <input type="checkbox"/> Check here if same as #2 above. Phone () Fax () Email |

OPTIONAL

| | | |
|---|---|---|
| 8 Certificate will be mailed in window envelope to this address: | Name <i>Patricia McCormick Conroy</i> | 9 Deposit account # Name _____ _____ _____ _____ DO NOT WRITE HERE Page 1 of _____ pages |
| | Number/Street/Apt <i>342 N Atlantic Blvd</i> City/State/Zip <i>Athens GA 30601</i> | |

*17 USC § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

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Examined By

Correspondence

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|---|---|---|
| Title of This Work: | 1 | |
| Alternative title or title of larger work in which this work was published: | | |
| Name and Address of Author and Owner of the Copyright: | 2 | The BIG SCREEN |
| Nationality or domicile: Phone, fax, and email: | | Phone () Fax () Email |
| Year of Creation: | 3 | 2008 |
| If work has been published, Date and Nation of Publication: | 4 | a. Date July 16, 2008 (Month, day, and year all required) b. Nation |
| Type of Authorship in This Work: | 5 | <input checked="" type="checkbox"/> Text (includes fiction, nonfiction, poetry, computer programs, etc.) <input type="checkbox"/> Illustrations <input checked="" type="checkbox"/> Photographs <input checked="" type="checkbox"/> Compilation of terms or data |
| Check all that this author created. | | |
| Signature: | 6 | I certify that the statements made by me in this application are correct to the best of my knowledge. Check one: <input checked="" type="checkbox"/> Author <input type="checkbox"/> Authorized agent <i>John A. McClumb Congaree</i> |
| Registration cannot be completed without a signature. | | |
| Name and Address of Person to Contact for Rights and Permissions: | 7 | <input type="checkbox"/> Check here if same as #2 above. Phone () Fax () Email |
| Phone, fax, and email: | | |

OPTIONAL

| | | |
|---|---|---|
| 8 Certificate will be mailed in window envelope to this address: | Name <i>John A. McClumb Congaree</i> | 9 Deposit account # Name _____ _____ _____ _____ DO NOT WRITE HERE Page 1 of _____ pages |
| | Number/Street/Apt <i>342 N Atlantic Blvd</i> City/State/Zip <i>Alhambra CA 91801</i> | |

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | |
|--|--|
| <p>UTILITY PATENT APPLICATION TRANSMITTAL</p> <p><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i></p> | Attorney Docket No. _____ First Inventor _____ Title _____ Express Mail Label No. _____ |
|--|--|

| | |
|--|---|
| <p>APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.</p> | <p>ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450</p> |
|--|---|

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Applicant claims small entity status.
 See 37 CFR 1.27.

3. Specification [Total Pages _____]
 Both the claims and abstract must start on a new page
(For information on the preferred arrangement, see MPEP 608.01(a))

Drawings(s) (35 U.S.C. 113) [Total Sheets _____]

5. Oath or Declaration [Total Sheets _____]

a. Newly executed (original or copy)

b. A copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s)
 name in the prior application, see 37 CFR
 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or
 Computer Program (Appendix)
 Landscape Table on CD

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, items a. - c. are required)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. Paper

c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
 Name of Assignee _____

10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney

11. English Translation Document (if applicable)

12. Information Disclosure Statement (PTO/SB/08 or PTO-1449)
 Copies of foreign patent documents, publications, & other information

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
 Applicant must attach form PTO/SB/35 or equivalent.

17. Other: **The Big Screen**

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

19. CORRESPONDENCE ADDRESS

The address associated with Customer Number: _____ OR Correspondence address below

Name: **Joanna McCormick Canzone**

Address: **342 North Atlantic Boulevard**

City: **Alhambra** State: **CA** Zip Code: **91801**

Country: **Los Angeles** Telephone: _____ Email: **ABCCUBS@hotmail.com**

Signature: **Joanna McCormick Canzone** Date: **07/16/08**

Name: **Joanna McCormick Canzone** Registration No. (Attorney/Agent): _____

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Trademark/Service Mark Application, Principal Register, with Declaration

Identify the mark: The Big Screen Class No. (If known) _____

To the Assistant Secretary and Commissioner of Patents and Trademarks:

Applicant Name: J6 Anna McCormick Canzone

Applicant Address: 342 North Atlantic Blvd
Alhambra CA 91801

Applicant Entity: (Check one and supply requested information)

- Individual — Citizenship (Country): _____
- Partnership — Partnership Domicile (State and Country): _____
Names and Citizenship (Country) of General Partners: _____
- Corporation — State (Country, if appropriate) of Incorporation: _____
- Other (Specify Nature of Entity and Domicile): _____

Goods and/or Services:

Applicant requests registration of the above-identified trademark/service mark shown in the accompanying drawing in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. 1051 et. seq., as amended.) for the following goods/services:

Basis for Application: (Check one or more, but not both the first and second boxes, and supply requested information)

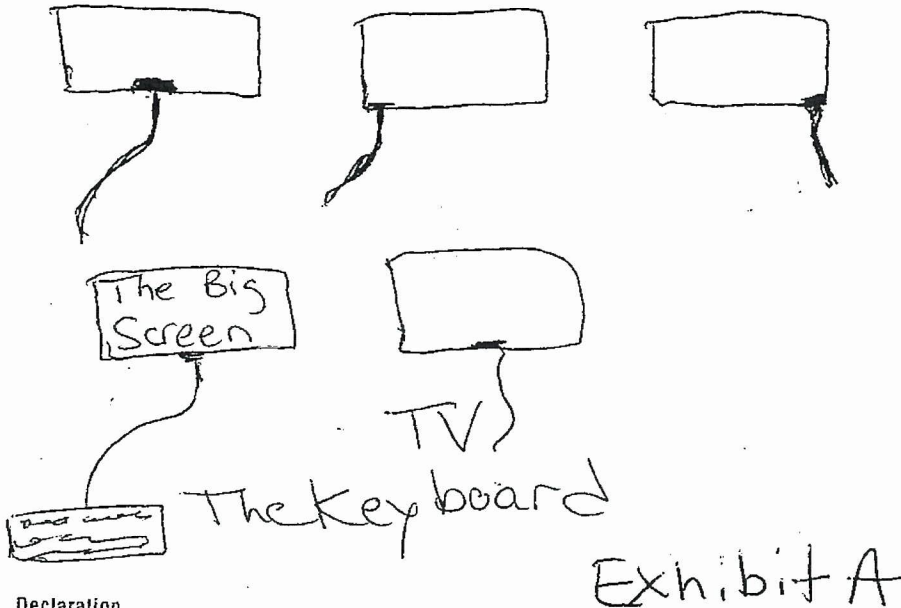
- Applicant is using the mark in commerce on or in connection with the above identified goods/services. (15 U.S.C. 105(a), as amended.) Three specimens showing the mark as used in commerce are submitted with this application.
- Date of first use of the mark anywhere _____
 - Date of first use of the mark in commerce which the U.S. Congress may regulate: _____
 - Specify the type of commerce _____
(e.g., interstate, between the U.S. and a specified foreign country)
 - Specify manner or mode of use of mark on or in connection with the goods/services _____
(e.g., trademark is applied to labels, service mark is used in advertisements)
- Applicant has a bona fide intention to use the mark in commerce on or in connection with the above identified goods/services. (15 U.S.C. 1051(b), as amended.)
- Specify intended manner or mode of use of mark on or in connection with the goods or services _____
(e.g., trademark will be applied to labels, service mark will be used in advertisements)
- Applicant has a bona fide intention to use the mark in commerce on or in connection with the above identified goods/

services, and asserts a claim of priority based upon a foreign application in accordance with 15 U.S.C. 1126(d), as amended.

Country of foreign filing: _____ Date of foreign filing: _____

- Applicant has a bona fide intention to use the mark in commerce on or in connection with the above identified goods/ services and, accompanying this application, submits a certification or certified copy of a foreign registration in accordance with 15 U.S.C. 1126(e), as amended.

Country of registration: _____ Registration number: _____



Declaration

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any resulting registration, declares that he/she is properly authorized to execute this application on behalf of the applicant; he/she believes the applicant to be the owner of the trademark/service mark sought to be registered, or, if the application is being filed under 15 U.S.C. 105(b), he/she believes applicant to be entitled to use such mark in commerce; to the best of his/her knowledge and belief no other person, firm, corporation, or association has the right to use the above

Joanna McCormick July 16, 2008
Signature Date

Joanna McCormick Carzoner 718 586-5966
Print or Type Name and Position Telephone

1/
THE BIG SCREEN

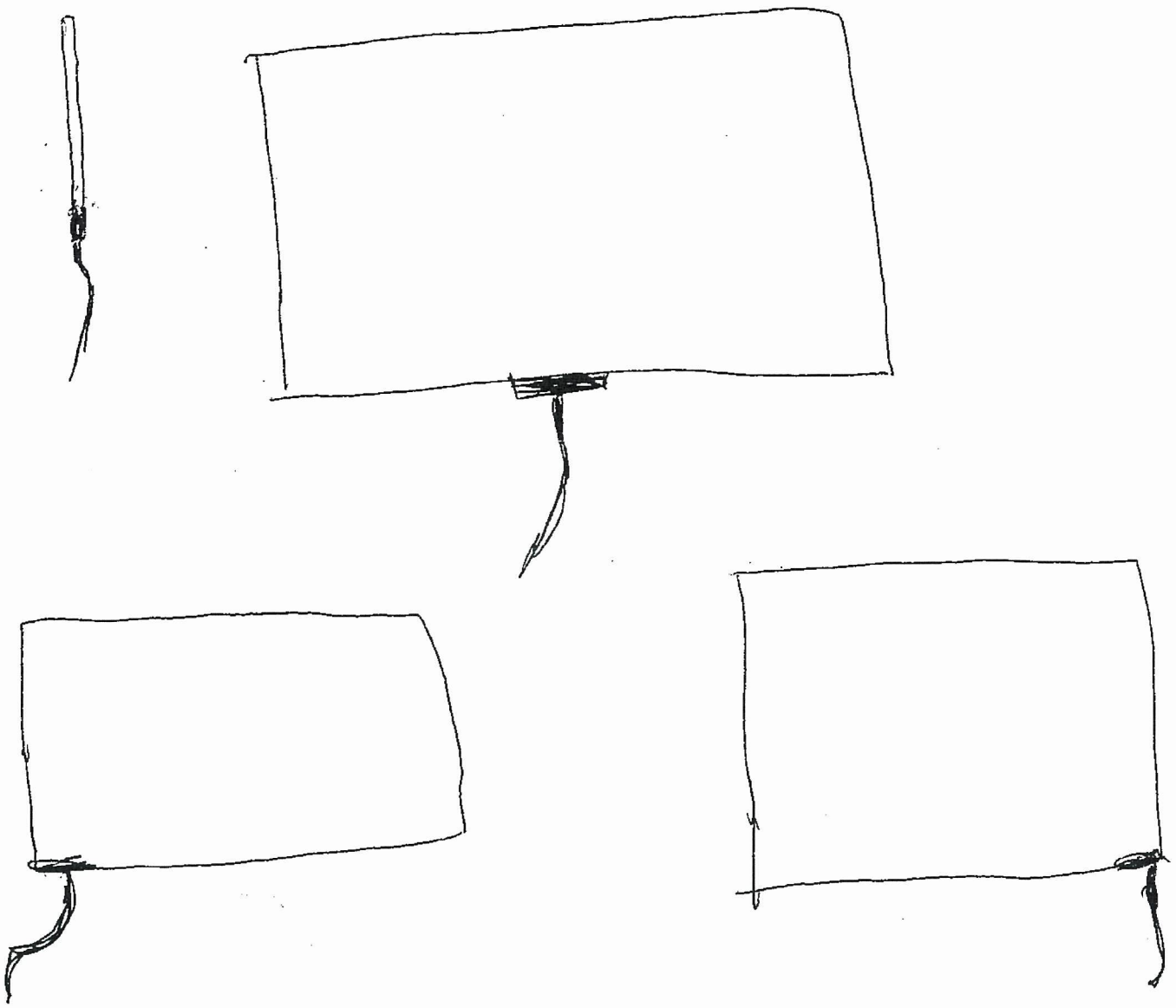


Exhibit A