

NAME CHANGE LETTER
Publicity Rights
No Fee

Department of Commerce and Consumer Affairs
Business Registration Division
P. O. Box 40
Honolulu, Hawaii 96810

Date: _____

Publicity rights name: _____

File Number: _____

Certificate Number: _____

I have changed my name from _____
(Type/Print Present Name of Registrant)

to _____
(Type/Print New Name of Registrant)

Under penalty of perjury, I certify that I am the registrant of the above publicity rights name, and the statements herein are true and correct in all material respects.

Sincerely,

(Signature of Registrant, Under New Name)

(Type/Print Name of Registrant and office title)