

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

STELOR PRODUCTIONS, INC.,)
a Delaware corporation,)

Plaintiff,)

vs.)

Case No. 1:05-cv-0354-DFH-TAB

OOGLES N GOOGLES, an Indiana)
corporation; KEVIN MENDELL, an)
individual; DANYA MENDELL, an)
individual; and X, Y, Z CORPORATIONS,)

Defendants.)

NOTICE OF SERVICE

Plaintiff, Stelor Productions, Inc., by counsel, hereby notifies the Court that on March 12, 2005, the Complaint and Summons in the above-captioned case were served upon Oogles N Googles by and through its Resident Agent, Bradley H. Cohen, and on March 17, 2005, the Complaint and Summons were served upon Kevin Mandell and Danya Mandell, all via certified mail. Attached hereto as **Exhibit A** are copies of the Summonses served upon Defendants, including Return of Service information. Attached hereto as **Exhibit B** are the green return receipt cards verifying that service of the Complaint and Summons on Defendant Oogles N Googles was accepted by the offices of the Resident Agent Bradley H. Cohen on March 12,

2005, and the service of the Complaint and Summonses to Kevin and Danya Mandell were accepted by Kevin Mandell on March 17, 2005.

Dated: March 23, 2005

Respectfully submitted,

/s/ John David Hoover

John David Hoover, Attorney No. 7945-49
HOOVER HULL BAKER & HEATH LLP
Attorneys at Law
111 Monument Circle, Suite 4400
P.O. Box 44989
Indianapolis, IN 46244-0989
Tel: (317) 822-4400
Fax: (317) 822-0234
Email: jdhoover@hooverhull.com

Of counsel:

Kevin C. Kaplan, Esq.
Burlington, Weil, Schwiep,
Kaplan & Blonsky, P.A.
2699 S. Bayshore Drive – PH
Miami, Florida 33133
Tel: (305) 858-2900
Fax: (305) 858-5261
Email: kkaplan@bwskb.com

CERTIFICATE OF SERVICE

I hereby certify that on March 23, 2005, a copy of the foregoing *Notice of Service* was sent, by first class mail, postage prepaid, and properly addressed to the following:

OOGLES N GOOGLES
c/o Bradley H. Cohen, Registered Agent
8888 Keystone Crossing Blvd.
Indianapolis, IN 46240

Kevin Mendell
10051 Cedar Point Drive
Carmel, IN 46032

Danya Mendell
10051 Cedar Point Drive
Carmel, IN 46032

/s/ John David Hoover

John David Hoover, Attorney No. 7945-49
HOOVER HULL BAKER & HEATH LLP
Attorneys at Law
111 Monument Circle, Suite 4400
P.O. Box 44989
Indianapolis, IN 46244-0989
Tel: (317) 822-4400
Fax: (317) 822-0234
Email: jdhoover@hooverhull.com

A0 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF INDIANA

STELOR PRODUCTIONS, INC.,)
a Delaware corporation,)

Plaintiff,)

vs.)

OOGLES N GOOGLES, an Indiana)
corporation; KEVIN MENDELL, an)
individual; DANYA MENDELL, an)
individual; and X, Y, Z CORPORATIONS,)

Defendants,)

SUMMONS IN A CIVIL CASE

Case No. _____

1:05-cv-0354-DFH-TAB

TO: OOGLES N GOOGLES
c/o Bradley H. Cohen, Registered Agent
8888 Keystone Crossing Blvd.
Indianapolis, IN 46240

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY:

John David Hoover
HOOVER HULL BAKER & HEATH LLP
Attorneys at Law
111 Monument Circle, Suite 4400
P. O. Box 44989
Indianapolis, IN 46244-0989

an answer to the complaint which is herewith served upon you within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court, 46 East Ohio Street, Room 105, Indianapolis, Indiana 46204, within a reasonable period of time after service.

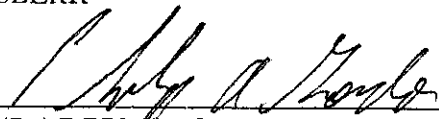
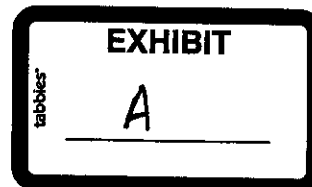


CLERK

CLERK

MAR 11 2005

DATE


(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and Complaint was made by me	DATE March 11, 2005
NAME OF SERVER (PRINT) John David Hoover	TITLE Partner

Check one box below to indicate appropriate method of service

- Served personally upon the defendant. Place where served: _____
- Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- Returned unexecuted: _____
- Other (specify): certified mail

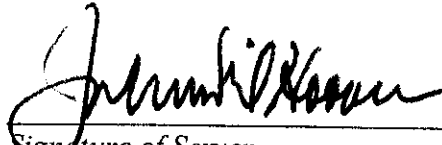
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on March 23, 2005
Date


Signature of Server

Hoover Hull Baker & Heath LLP
111 Monument Circle, Suite 4400
Address of Server
Indianapolis, IN 46204

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>OOGLES N GOOGLES c/o Bradley H. Cohen, Registered Agent 8888 Keystone Crossing Blvd. Indianapolis, IN 46240</p> <p>2. Article Number (Transfer from service label) 7004 1160 0006 0607 9175</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	--

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0006 0607 9175



FIRST CLASS MAIL

OOGLES N GOOGLES
c/o Bradley H. Cohen, Registered Agent
8888 Keystone Crossing Blvd.
Indianapolis, IN 46240

111 MONUMENT CIRCLE SUITE 400 P.O. #
PHONE 317-582-4400 FAX 317-582-

7004 1160 0006 0607 9175

U.S. Postal ServiceSM CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

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OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

TC

OOGLS N GOOGLES
c/o Bradley H. Cohen, Registered Agent
8888 Keystone Crossing Blvd.
Indianapolis, IN 46240

Sen _____
Stte _____
City _____

PS Form 3811, June 2002 See Reverse for Instructions

A0 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF INDIANA

STELOR PRODUCTIONS, INC.,)
a Delaware corporation,)
)
Plaintiff,)
vs.)
)
OOGLES N GOOGLES, an Indiana)
corporation; KEVIN MENDELL, an)
individual; DANYA MENDELL, an)
individual; and X, Y, Z CORPORATIONS,)
)
Defendants,)

SUMMONS IN A CIVIL CASE

Case No. _____

1:05-cv-0354-DFH-TAB

TO: Kevin Mendell
10051 Cedar Point Drive
Carmel, IN 46032

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY:

John David Hoover
HOOVER HULL BAKER & HEATH LLP
Attorneys at Law
111 Monument Circle, Suite 4400
P. O. Box 44989
Indianapolis, IN 46244-0989

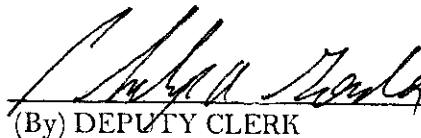
an answer to the complaint which is herewith served upon you within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court, 46 East Ohio Street, Room 105, Indianapolis, Indiana 46204, within a reasonable period of time after service.



CLERK

CLERK

DATE MAR 11 2005



(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and Complaint was made by me	DATE <u>March 11, 2005</u>
NAME OF SERVER (PRINT) <u>John David Hoover</u>	TITLE <u>Partner</u>

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
 Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): certified mail

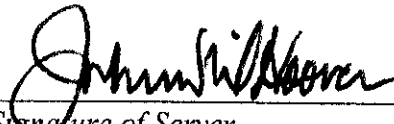
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on March 23, 2005
Date



Signature of Server
 Hoover Hull Baker & Heath LLP
 111 Monument Circle, Suite 4400

Address of Server
 Indianapolis, IN 46204

FIRST CLASS MAIL



7004 1160 0006 0007 9199



Kevin Mendell
 10051 Cedar Point Drive
 Carmel, IN 46032

**U.S. Postal Service™
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Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Registered Delivery Fee (Endorsement Required)	

Kevin Mendell
 10051 Cedar Point Drive
 Carmel, IN 46032

7004 1160 0006 0007 9199

111 MONUMENT CIRCLE SUITE 4400 P.O.
 BOX 317, 722, 4400 FAY 717, LA

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Kevin Mendell
 10051 Cedar Point Drive
 Carmel, IN 46032

2. Article Number
 (Transfer from service label)

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee)
 Yes

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

B. Received by (Printed Name) _____
 C. Date of Delivery _____

A. Signature _____
 Addressee
 Agent

COMPLETE THIS SECTION ON DELIVERY

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

A0 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF INDIANA

STELOR PRODUCTIONS, INC.,)
a Delaware corporation,)

Plaintiff,)

vs.)

OOGLES N GOOGLES, an Indiana)
corporation; KEVIN MENDELL, an)
individual; DANYA MENDELL, an)
individual; and X, Y, Z CORPORATIONS,)

Defendants,)

SUMMONS IN A CIVIL CASE

Case No. _____

1:05-cv-0354-DFH-TAB

TO: Danya Mendell
10051 Cedar Point Drive
Carmel, IN 46032

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY:

John David Hoover
HOOVER HULL BAKER & HEATH LLP
Attorneys at Law
111 Monument Circle, Suite 4400
P. O. Box 44989
Indianapolis, IN 46244-0989


an answer to the complaint which is herewith served upon you within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court, 46 East Ohio Street, Room 105, Indianapolis, Indiana 46204, within a reasonable period of time after service.



CLERK

CLERK

DATE MAR 11 2005



(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and Complaint was made by me	DATE <u>March 11, 2005</u>
NAME OF SERVER (PRINT) <u>John David Hoover</u>	TITLE <u>Partner</u>

Check one box below to indicate appropriate method of service

Served personally upon the defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
 Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): certified mail

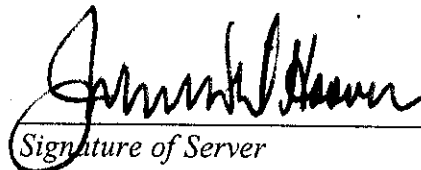
STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on March 23, 2005
Date


Signature of Server

Hoover Hull Baker & Heath LLP
111 Monument Circle, #4400
Address of Server
 Indianapolis, IN 46204

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Danya Mandell
 10051 Cedar Point Drive
 Carmel, IN 46032

2. Article Number
 (Transfer from service label) **7004 1160 00060607 9182**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

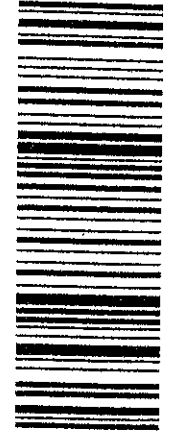
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 1160 0006 0607 9182



FIRST CLASS MAIL

Danya Mandell
 10051 Cedar Point Drive
 Carmel, IN 46032

111 MONUMENT CIRCLE SUITE 4300
 PHONE 317 832 4400 FAX

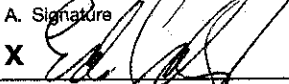
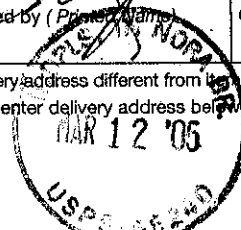
7004 1160 0006 0607 9182

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Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	
TV	

Postmark Here

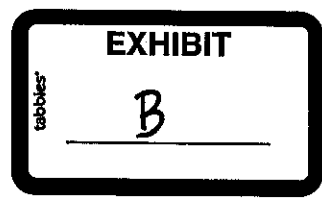
San Site or F City
 Danya Mandell
 10051 Cedar Point Drive
 Carmel, IN 46032

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Print Name) C. Date of Delivery</p> <p> 3/12/05</p>
<p>1. Article Addressed to:</p> <p>OOGLES N GOOGLES c/o Bradley H. Cohen, Registered Agent 8888 Keystone Crossing Blvd. Indianapolis, IN 46240</p>	<p>D. Is delivery address different from label? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 1160 0006 0607 9175</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Kevin Mandell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Kevin Mandell 10051 Cedar Point Drive Carmel, IN 46032</p>	B. Received by (Printed Name) <i>JW</i>	C. Date of Delivery <i>3/17/05</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 1160 0006 0607 9199		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Handwritten Signature]</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Danya Mandell 10051 Cedar Point Drive Carmel, IN 46032</p>	<p>B. Received by (Printed Name)</p> <p style="text-align: center;"><i>[Handwritten Initials]</i></p>	<p>C. Date of Delivery</p> <p style="text-align: center;">3/17/05</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p style="text-align: center;">7004 1160 00060607 9182</p>		