

10-13005

United States Bankruptcy Court	PROOF OF CLAIM
District of <u>DELAWARE</u>	
In re (Name of Debtor) A.S. INTERACTIVE, INC.	Case Number 10-13015 CH 11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
In re (Name of Creditor) <i>(The person or other entity to whom the debtor owes money or property)</i> Name and Address Where Notices Should be Sent Tennessee Department of Revenue c/o Attorney General P.O Box 20207 Nashville, TN 37202-0207 Telephone No.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>26-1793472</u>	Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____
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1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <u>BMC GROUP</u>	RECEIVED NOV 04 2010 BMC GROUP
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date)	


2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.	
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$ _____ (Unsecured)	\$ _____ (Secured)	\$ <u>1,700.00</u> (Priority)		\$ <u>1,700.00</u> (Total)
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.					

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	
7. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	

THIS SPACE IS FOR
Urban Brands



00101

FILED
 2010 NOV -1 AM 10:45
 CLERK
 U.S. BANKRUPTCY COURT
 DISTRICT OF DELAWARE

DATE <u>10/20/2010</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
<u>23595 DM</u>	<u>Wilbur E. Hooks</u> 10-20-10

Penalty for presenting fraudulent c

years, or both, 18 U.S.C. §§ 152 and 3571.

ALL INQUIRIES CONTACT:
Debbie McAlister
(615) 532-6332

Bme

Debtor: **A.S. INTERACTIVE, INC.**

D/B/A: A.S. INTERACTIVE, INC.
100 METRO WAY
SECAUCUS, NJ 07094

ACCOUNT #: 320746136
ACCT TYPE FRAN/EXCS 2
ENTITY ID 26-1793472

LEGAL CLAIMS SUMMARY SHEET

A.S. INTERACTIVE, INC
 TAXPAYER'S NAME

A.S. INTERACTIVE
 BUSINESS NAME

100 METRO WAY
 BUSINESS ADDRESS

SECAUCUS, NJ 07094
 CITY STATE ZIP

320746136 FRAN/EXCS 2 / 26-1793472
 ACCOUNT NUMBER

Bankruptcy - DELAWARE
 TYPE & LOCATION OF COURT

10-13015 11
 CASE NUMBER CHAPTER #

9/21/10
 DATE PETITION FILED

1ST CREDITORS MEETING

BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL
				Late Charge	Ret. Ck		
E	02/01/09	12/31/09	1000.00	00.00	00.00	00.00	1000.00
E	01/01/10	09/21/10	700.00	00.00	00.00	00.00	700.00
TOTALS			1700.00	00.00	00.00	00.00	1700.00
							Non-claimable Liability
							TOTAL LIABILITY*
							1700.00

P & I Figured to: 09/21/2010

RECAP:

(AB) Audit Balance _____

(PP) Partial Pay Balance _____

(NR) No Remit Returns _____

(E) Estimated Assessments 1,700.00 _____

(DM) Debit Memos _____

(RC) Return Checks _____

GRAND TOTAL \$1,700.00

Debbie McAulister

 Signature

10/20/2010

 Date