Edgar Filing: LOGAN PERRY D - Form 4

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| Form 4 | | | | | | | | | | | | |
|---|---|--------------------|---|---|---|--------|------------|--|--|-----------|--|--|
| July 10, 2009 | UNITED STATES SECURITIES AND EACHANGE COMMISSION | | | | | | | | OMB AF OMB Number: | 3235-0287 | | |
| Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b). | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 20(b) of the Investment Company Act of 1040 | | | | | | | Expires: Estimated a burden hou response | | | | |
| (Print or Type R | Responses) | | | | | | | | | | | |
| LOGAN PERRY D Symbol SKYE | | | Symbol | er Name and Ticker or Trading INTERNATIONAL, INC 1 | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/09/2009 | | | | | _X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below) President & CEO | | | | |
| | | | | Amendment, Date Original d(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| LAS VEGA | S, NV 89133 | | | | | | | Form filed by N Person | Iore than One Re | porting | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative S | Securi | ties Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Year | r) Executio any | ned n Date, if Day/Year) | 3. Transactio Code (Instr. 8) Code V | 4. Securit on(A) or Dis (Instr. 3, 4) Amount | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | 07/09/2009 | | | Р | 20,000 | A | \$ 0.18 | 2,279,916 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | 4, and 5) (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addro | ess | Relationships | | | | | | | |
|--|------------|---------------|-----------------|-------|--|--|--|--|--|
| Toporting O when I when the | Director | 10% Owner | Officer | Other | | | | | |
| LOGAN PERRY D PO BOX 35080 LAS VEGAS, NV 89133 | Х | Х | President & CEO | | | | | | |
| Signatures | | | | | | | | | |
| Perry D Logan | 07/10/2009 | | | | | | | | |

**Signature of Reporting Person

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v). *

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.