

10200000519

STATE
DIVISION OF
02 MAY 15 AM 9:59

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Video Tour Brochure (35)
(Corporation Name) (Document #)
2. 789
(Corporation Name) (Document #)
3. 2928
(Corporation Name) (Document #)
4. 740 Video Tour
(Corporation Name) (Document #)
5. 671
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other



AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

100005283251--5
-04/17/02--01009--001
*****87.50 *****87.50

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

102-11345

102-519

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 22, 2002

JOHN PACE
P.O. BOX 1766
ANNA MARIA, FL 34216

SUBJECT: VIDEO TOUR BROCHURE
Ref. Number: W02000011345

We have received your document for VIDEO TOUR BROCHURE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list a more specific service in #2(a) in Part I of the application.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: VIDEO

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 602A00023951

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

John Pace

P.O. Box 1766

Anna Maria, FL 34216

(941) 737-1124

Daytime Telephone number

PART I

1. (a) Applicant's name: Pace Multi-Media Services, LC

(b) Applicant's business address: P.O. Box 1766

Anna Maria, FL 34216

City/State/Zip

(c) Applicant's telephone number: (941) 737-1124

☐ Individual

☐ Corporation

☐ Joint Venture

☒ Other: LLC

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration number: L01000008141 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 03-0423170

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Advertising, Business promotion, C.D, DVD, VHS Video

Production for the purpose of marketing
& advertising a variety of Businesses.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Streaming video & electronic media, brochures, business cards, flyers
internet/web-based communications, video tape, CD-ROM

(Continued)

(d) The class(es) in which goods or services fall:

35

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: April 11, 2002 (b) Date first used in Florida: April 11, 2002

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Video Tour Brochure

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " VIDEO " APART FROM THE MARK AS SHOWN.

I, Pace Multi-Media Services, LC, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Pace Multi-Media Services, LC

Typed or printed name of applicant

By: [Signature]

John Pace, Manager
Applicant's signature or authorized person's signature
(List name and title)

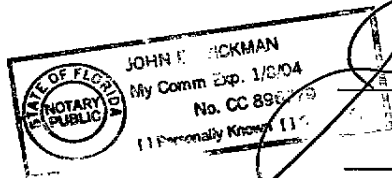
STATE OF Florida

COUNTY OF Manatee

On this _____ day of April, 2002, John Pace personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)



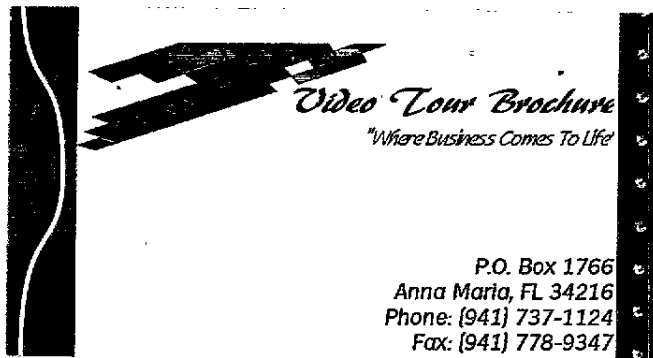
[Signature]
Notary Public Signature

Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

02 MAY 16 AM 9:59
STATE OF FLORIDA
DIVISION OF REGISTRATION



P.O. Box 1766
Anna Maria, FL 34216
Phone: (941) 737-1124
Fax: (941) 778-9347