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DEC 10 2013

N. CAUSSEAUX

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: LIBERATION TRUTHOLOGY

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODNEY MURPHY

(Name of Person)

FOURTH TRIBE MEDIA GROUP, Inc

(Firm/Company)

462 KINGSBRIDGG ST.

(Address)

BOCA RATON

A. 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

RODNEY MURPHY

(Name of Person)

at (561) 302 - 7234

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2013

RODNEY MURPHY
FOURTH TRIBE MEDIA GROUP, INC.
462 KINGSBRIDG STREET
BOCA RATON, FL 33487-8

SUBJECT: LIBERATION TRUTHOLOGY

Ref. Number: W13000061494

We have received your document for LIBERATION TRUTHOLOGY 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.

You must be specific as to the type of Articles, videos on your website. EXAMPLE: SPORTS VIDEOS & ARTICLES, DINING, ENTERTAINMENT, ETC.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux

Attention: Nanctte

From: Rodney Murphy

Included three copies of screen shots of my web Home Page with one smaller screen shot showing the full Home Page. The browser wouldn't let me print directly from the Home Page, I could only print a screen shot.

Also, I've added specifics to part 2.

T3 DEC -9 AM 9:30
SECHETARY OF STATE
TALLAHASSEE.FLORIDA

12-	-09-" 1	13	12:35	FROM-	SRP	МΔ	LMT
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561-750-3162

T-021 P0003/0009 F-069

APPLICATION FUR 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

PARTI

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner or and/or Service Mark on the records of the Florida Department of State.	f the Trademark
(a) Owner's/Applicant's name: RODNEY MURPHY	<u> </u>
(b) Owner's/Applicant's business address: 462 KINGSBRIDGE ST	<u> </u>
BOCA RATON, FL. 33487 City/State/Zip If different, Owner's/Applicant's mailing address: City/State/Zip City/State/Zip City/State/Zip City/State/Zip	PH II
Check the appropriate box to indicate the Owner/Applicant is a(n):	* **
☐ Individual ☐ Corporation ☐ Limited Liability Company	72
General Partnership Limited Partnership Union Cother	
The state of the s	
If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Plo of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the employer identification number (EUN) in #3.	
of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the employer identification number (RIN) in #3. (1) Florida registration/document number.	
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PARTI

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.
(a) Date first used in other state or country, if applicable:
(b) Date first used in Florida: 01-01-2013
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PART III
ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:
1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)
LIBERATION TRUTHOLOGY
Provide the English translation of any and all terms listed #1 above, when applicable:
A 1 A
2. DISCLAIMER STATEMENT (if applicable): Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed. Enter all terms listed in #1 above which require a disclaimer in the space provided below: NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)*
"APART FROM THE MARK AS SHOWN.

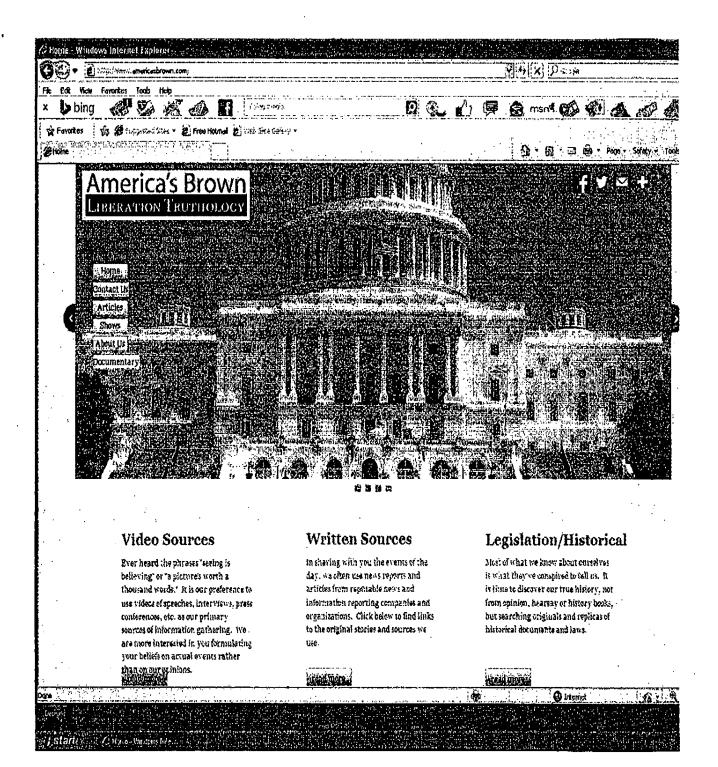
3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

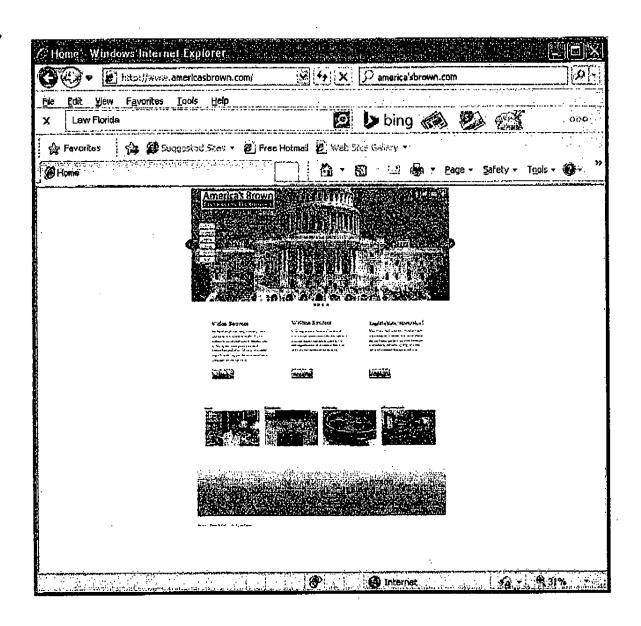
Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION: I, NOCINEY I'LUTYNY, being sworn, depose and say that I am the owner and the applicant herein, or that I dm authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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. MURPHY YSVICO I vped or printed name of applicant Applicant's/signature (List name and title) STATE OF Sworn to and subscribed before me on this ____ day of who is personally known to me whose identity I proved on the basis of FL Driver **GUISELLA VIDAL** Notary Public - State of FlorIda My Comm. Expires Feb 2, 2016 Commission # EE 166217

FILING FEE: \$87.50 per class

My Commission Expires:





Full view of home page.