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LORENZO S. RUIZ

Foreign Trademark Agency. P.O.BOX 661002. Miami Springs. Fl. 33266-1002.

> Telefono (305) 888-6361 Fax (305) 888-5007

Nuevo E-mail: lsruiz@mindspring.com

Fecha: March 4, 2002.

Division of Corporations. Trademaks Section. Attn. Diane Cushing P.O.BOX 6327 TALLAHASSEE, FL. 32314.

Re: Trademark Appln. "RADIO MIAMI" No. W02000005680.

Dear Ms. Diane:

Thanks for your attention to this matter.

In reference to your letter of February 27, 2002, I am returning the original application of this trademark duly ammended and copy of your communication.

Please send me the Certificate of Registration as soon as possible.

Julelley

Sincerely,

LSR/zar



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 27, 2002

LORENZO S. RUIZ P.O. BOX 661002 MIAMI SPRINGS, FL 33166

SUBJECT: RADIO MIAMI Ref. Number: W02000005680

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

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: RADIO, MIAMI

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) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 902A00012068

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

FO: Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	
	Name & address to whom acknowledgment should be sent:
	LORENZO S. RUIZ
·	
	P.O.BOX 661002
	MIAMI SPRINGS, FL. 33166
	(305) 888-6361
	Daytime Telephone number
1. (a) Applicant's name: TRIBUNA ABIERTA	PARTI A, INC.
(b) Applicant's business address: 3017 N. W	7th Street
MIAMI,	FL. 33125
(a) A = 1°	City/State/Zip 43 - 5481
☐ Individual ☐ Corporation	
☐ General Partnership ☐ Limited Partners	□ Joint Venture □ Other: □ Other: □
If other than an individual,	· · · · · · · · · · · · · · · · · · ·
(1) 71	07529B Domicile States
(3) Federal Employer Identification Number:	(2) Domicire State.
 (a) If the mark to be registered is a service mark, the (i.e., furniture moving services, diaper services, 	72
of news interview	on-going radio programs in the field
of news, interviews and comments	aries.
(b) If the mark to be registered is a trademark, the g (i.e., ladies sportswear, cat food, barbecue grills,	goods in connection with which the mark is used: shoe laces, etc.)
The state of the s	
The second secon	
(c) The mode or manner in which the mark is used ((i.e., labels, decals, newspaper advertisements, brochures, etc.)
The mark is used in advertising	and promotional material and in other
way customary in the trade.	
and the second of the second o	

(Continued)

CR2E014(7/97)

d) The class(es	s) in which goods or serv	vices fall:			
	tional Class 41		, and enterta	inment)	
<u>।</u> • क्यूं	**************************************		<u> </u>		
· ⁻ _		PA.	RT II		
1. Date first us	ed by the applicant, pre	decessor, or a relate	ed company (mus	t include month doss o	
(a) Date first u	sed anywhere: 02/0	4//02	(h) Date first us	and in Floriday 00 (0)	nu year):
-	-		(c) Date Hist us	ed in Fiorida: <u>02/04</u>	702
1. The mark to must be 25	be registered is: (If logowords or less.)	PA o/design is included	RT III l, please give brie	f written description w	hich
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NO CLAIM IS	ER (if applicable) MADE TO THE EXCL	HCN/E DICTES)		
	MADE TO THE EXCL	JUSIVE RIGHT I	J USE THE TER	M" RADIO, MIAM	<u>II</u>
r MAY	LESNIK			FROM THE MARK depose and say that I am i	
correct	r confuse or to be mistake ge that I have read the app	ABIERTA, INC	and the second	nd that the facts stated he	eren are the and FILE
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	Appl	icant's signature or au	thorized person's si	gnature	2: 5
STATE OF	FLORIDA	(List name Max Lesni	and title)		Sum o
COUNTY OF	DADE		k. rresiden	ι τ	
			Lacie State of the American	were FIT TELET Communication of	Line Total Control Article (中華)
On this 12th	day of <u>February</u>		_ · · _		nomo-11-
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who is per	sonally known to me	☐ whose identity	I proved on the	basis of	
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			Cleu	Welle L	
(Seal)		_		Notary Public Signature	<u> </u>
		-		Note	
	;	My Comm	ission Expires:		NO JARY SEAL NZO 8 RUIZ SKON NUMBER
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RADIOMIAMI

News, Interviews and Commetaries Inc.

Tribuna Abierta, Inc. Director: Max Lesnik

Phone: (305) 643-5481 P.O.Box 433136 Miami, Florida 33245 E-mail alianzam@bellsouth.net