

T03000001228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

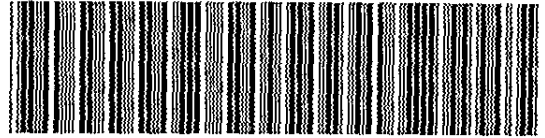
(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

855/4091/749/671

Office Use Only



600023027216

© T03-1228

09/15/03--D1075--023 **87.50

W03-26591

✓ ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 30 AM 8:55

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME
(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:

GIANCARLO MIGNANO
(Name of Person)

JNS MARKETING ENTERPRISES, INC.
(Firm/Company)

12672 NW 9TH WAY
(Address)

MIAMI, FL 33182
(City/State and Zip Code)

For further information concerning this matter, please call:

GIANCARLO MIGNANO at (305) 971-5323
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 17, 2003

GIANCARLO MIGNANO
12672 N.W. 9TH WAY
MIAMI, FL 33182

SUBJECT: PRIME
Ref. Number: W03000026591

We have received your document for PRIME and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

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
Document Specialist Supervisor

Letter Number: 503A00051550

Prime™ Super Anti-microbial A/C Filter
A division of JNS Marketing Enterprises, Inc.

September 25, 2003

Florida Department of State
Division of Corporations
Attn: Nanette Causseaux
Ref # : W03000026591

Dear Nanette:

I'm sending you 3 copies of the specimens (label tags) along with the copy of your letter to process Prime as a trademark.
Please file and process the appropriate document.

If you have any questions you may want to contact me at my office (305) 971 – 5323 or to my mobile at (786) 355 – 9191.

Sincerely,



Giancarlo Mignano

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:

GIANCARLO MIGNANO
12672 NW 9TH WAY
MIAMI, FL 33182

(305) 971-5323
Daytime Telephone number

PART I

1. (a) Applicant's name: GIANCARLO MIGNANO

(b) Applicant's business address: 12127 SW 131 AVE.
MIAMI, FL 33186
City/State/Zip

(c) Applicant's telephone number: (786) 355-9191

- Individual Corporation Joint Venture Other;
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: 41-2056794

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.)

(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.)

AIR CONDITION FILTERS

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

LABELS, DECAL, ADVERTISEMENT, FLYERS

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

CLASS 11 (ENVIRONMENTAL CONTROL APARATUS)

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: 10-01-2002 (b) Date first used in Florida: 10-01-2002

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.)

PRIME



THE LOGO APPEARS AS A DECAL ON THE SIDE OF A/C FILTER

English Translation _____

2. DISCLAIMER (if applicable)

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

I, GIANCARLO MIGNANO, 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

GIANCARLO MIGNANO
Typed or printed name of applicant

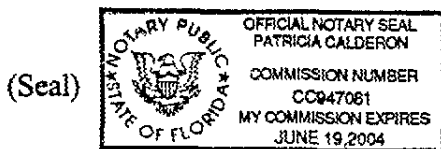
[Signature] / GIANCARLO MIGNANO
Applicant's signature or authorized person's signature
(List name and title)

03 SEP 30 AM 8:55
DIVISION OF REGISTRATION
SECRETARY OF STATE

STATE OF _____
COUNTY OF _____

On this 11 day of SEPTEMBER, 2003, GIANCARLO MIGNANO personally appeared before me,

who is personally known to me whose identity I proved on the basis of FL DL#
M 255-200-59-470-0



[Signature]
Notary Public Signature
PATRICIA CALDERON
Notary's Printed Name

My Commission Expires: 6-19-04

FEE: \$87.50 per class