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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -8 AM 8:49

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 29, 2003

JUDE CABROUET
P.O. BOX 19006
TAMPA, FL 3686

SUBJECT: ADULT 411
Ref. Number: W03000039469

We have received your document for ADULT 411 and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are unable to determine your class(es) at this time. Please amend your application to reflect the specific good(s) and/or service(s) the mark is being used in connection with.

Class(es) (16) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (16).

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: ADULT

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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

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:

JUDE CABROUET
PO BOX 19006
TAMPA FL 3686
(813) 453-5532
Daytime Telephone number

PART I

1. (a) Applicant's name: CAPITOL PUBLISHING & MEDIA INC

(b) Applicant's business address: PO BOX 19006
TAMPA FL 33686
City/State/Zip

(c) Applicant's telephone number: (727) 446-1048

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration number: P03000125383 (2) Domicile State: FLORIDA
(3) Federal Employer Identification Number: APPLY FOR

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.)

MAGAZINE Adult magazine

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

MAGAZINE ADVERTISEMENTS

(Continued)

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

CLASS 16

Class 16

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: 11/12/03 (b) Date first used in Florida: 11/12/03

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.)

ADULT 411

English Translation ADULT FOUR ONE ONE

2. DISCLAIMER (if applicable)

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

I, JUDE CABROUET, *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*

JUDE CABROUET

Typed or printed name of applicant

Jude Cabrouet PRESIDENT

Applicant's signature or authorized person's signature
(List name and title)

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DIVISION OF CORPORATIONS
04 JAN -8 AM 8:49

STATE OF Florida

COUNTY OF Hillsborough

On this 19 day of 2003, , , JUDES CABOUET personally appeared before me,

☐ who is personally known to me ☑ whose identity I proved on the basis of C130-420-67-210-

Notary Public Signature

(Seal)

BENJAMIN VALERA

Notary's Printed Name

My Commission Expires:

BENJAMIN VALERA
Comm# DD026775
Expires 11/6/2007
Bonded thru (800)432-4254
Florida Notary Assn., Inc

FEE: $87.50 per class

ADULT TIMES

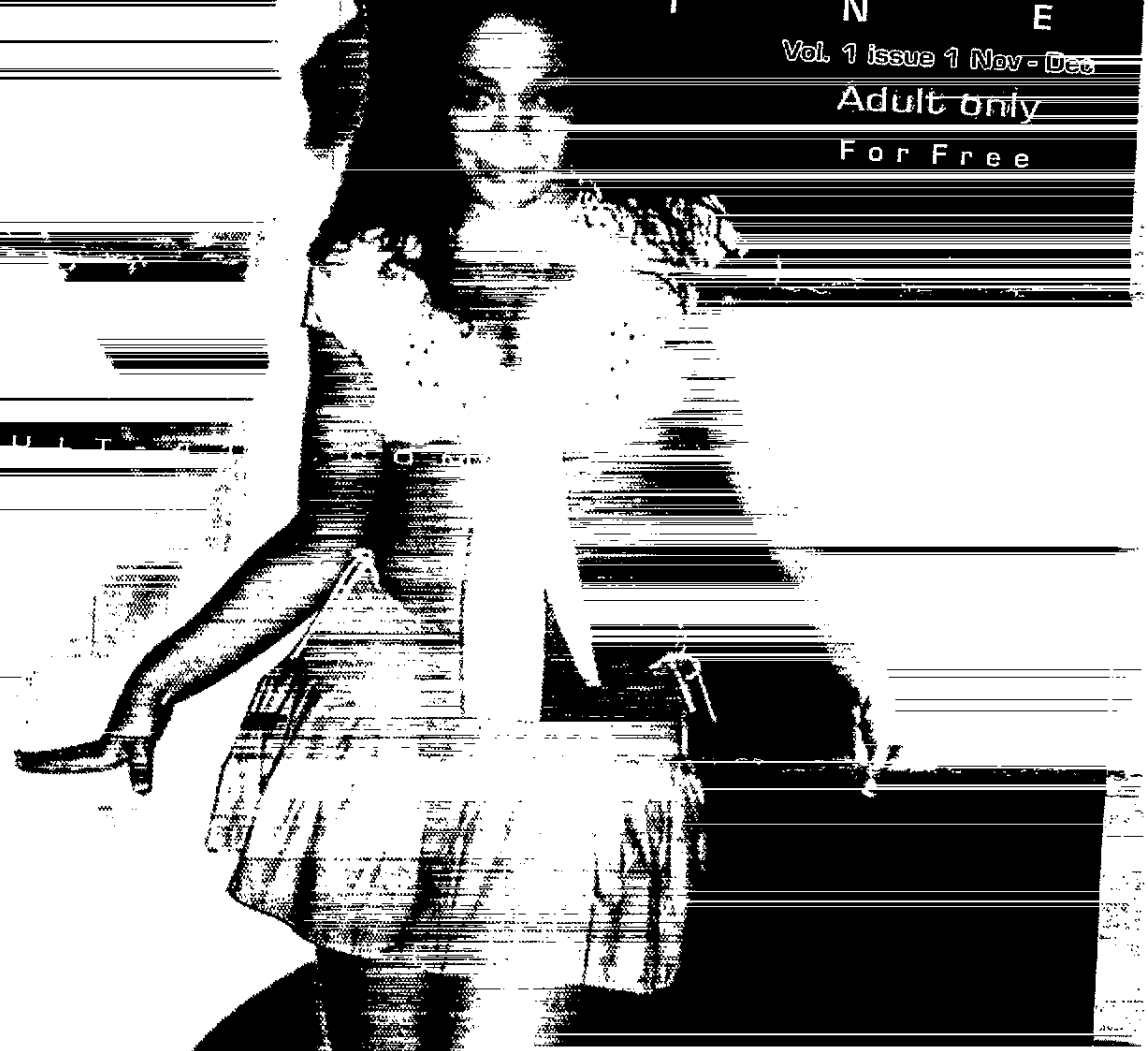
MAGAZINE

Vol. 1 issue 1 Nov - Dec

Adult only

For Free

WWW.ADULT



SAVANNAH

MOULIN ROUGE

10101 E HWY 92

813-626-4537

DAYTONA BEACH HOTEL/MOTEL ADULT DIRECTORY