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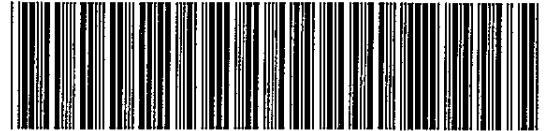
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Part III  
INC.

W04-13866

104-675

FILED  
STATE  
DIVISION OF  
REGISTRATION  
04 MAY 25 PM 2:37

Moukee's Enterprise  
P.O. Box 1073  
Ocoee, FL 34761  
Phone 321-228-9222

Addendum:

April 30, 2004

Part III.

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

Answer: This Logo will be use as my Pen name for all my creative work. It will also be used on clothing items.

Barbara Thompson  
AKA Moukee



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 9, 2004

BARBARA THOMPSON  
P.O. BOX 1073  
OCOEE, FL 34701

SUBJECT: PART III INCOMPLETE (MOUKEE)  
Ref. Number: W04000013866

We have received your document for PART III INCOMPLETE (MOUKEE) and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The notary public's acknowledgement is incomplete. The seal, signature, and expiration date must be affixed. A notary public cannot notarize his own signature.

Class(es) (25) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (25).

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

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: 704A00023431



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 13, 2004

BARBARA THOMPSON  
P.O. BOX 1073  
OCOEE, FL 34701

SUBJECT: PART III INCOMPLETE (MOUKEE)  
Ref. Number: W04000013866

We have received your document for PART III INCOMPLETE (MOUKEE) and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

If the term(s) MOUKEE is/are to be included as part of the mark registration, you must include the term(s) in #1 of Part III of the application.

Class(es) (25) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (25).

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: 804A00033314

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:

Moukee's Enterprises + Publications  
P.O. Box 1073  
Ocoee, FL 34761  
407, 290-5561  
Daytime Telephone number

PART I

1. (a) Applicant's name: Barbara Thompson

(b) Applicant's business address: P.O. Box 1073

Ocoee, FL 34701  
City/State/Zip

(c) Applicant's telephone number: 407, 290-5561

☒ 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: \_\_\_\_\_

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.)

N/A

(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.)

The mark will be use on lady sportswear.

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

The mark will be used on books and paper products.

(Continued)

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

Clothing  
books & paper goods

25

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: November 2003 (b) Date first used in Florida: November 2003

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)

Muskee

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, Barbara Thompson, 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

Barbara Thompson  
Typed or printed name of applicant

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

STATE OF Florida

COUNTY OF Orange

On this 28th day of March, 2004, Barbara Thompson personally appeared before me,

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

(Seal)



Brenda M Toney  
My Commission DD042086  
Expires July 15, 2005

Brenda M Toney  
Notary Public Signature

Brenda Toney  
Notary's Printed Name

My Commission Expires: 7/15/2005

FEE: \$87.50 per class

FILED  
SECTION 117, STATE  
DIVISION OF REVENUES  
04 MAY 26 PM 3:30  
TALLAHASSEE, FLORIDA