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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	

Office Use Only



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11/06/18--01023--805 **2625.00



N. CAUSSEAUX NOV 9 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Look Local

(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Broughan

(Name of Person)

Marks Gray, P.A.

(Firm/Company)

1200 Riverplace Boulevard, Suite 800

Jacksonville, Florida 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Crystal Broughan

at (904) 807-2180 (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

FILING FEE: \$87.50 per class **CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)**

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

CR2E005 (1/11)

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MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Graham Media Group Florida, Inc.	P.O. Box 6327 Tallahassee, FL 32314
4 Broadcast Place	
Jacksonville, Florida 32207	Return To: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
1) Mark Registered: Look Local	<u> </u>
2) Registration Number: T13000001	<u>121 </u>
	al Date: 11/12/2018 5.) Class(es) Filed: 38 & 35
·	5.071, Florida Statues. Below you must state the mark is still in nuse is not due to any intention to abandon the mark. n Florida.
·	ving actual use of the mark is included with this application. Itate of incorporation/formation/organization: Crohom Modio Croup Florida
	Graham Media Group Florida, Inc.
	Typed or Printed Name of Owner
STATE OF Florida	Owner's Signature or Authorized Person's Signature
COUNTY OF Duval	
	day of NOV , Zol8, Bob Ellis (Name of Individual Signing)
who is personally known to me whose i	dentity I proved on the basis of
_	Antrop XVV
(Seal)	Notary Public's Signature
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional)	Notary Public's Printed Name
CR2E005 (1/11)	GRETCHEN L. HARRELL Notary Public - State of Florida Commission # FF 244619 My Cemm. Expires Aug 20, 7019 Bonded through National Notary As

Look Local

