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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 20, 1996

GARAN COMMUNICATIONS
THE ADAMS BUILDING
2601 E. OAKLAND PARK BLVD., SUITE 301
FT LAUDERDALE, FL 33306

SUBJECT: THE AD WORKSHOP Ref. Number: W96000010645

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

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration.

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 (904) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 196A00024908

Florida Department of State, Sandra B. Mortham, Secretary of State

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: | | | |
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| | the dealer of the | | | |
| Victorial Control of the Victorial | May Couldne flack The Way | | | |
| | Daytime Telephone number | | | |
| PAR | Daytime Telephone number | | | |
| 1. (a) Applicant's name: | War Tree J | | | |
| (b) Applicant's business address: Acros Const | ally of the Land then | | | |
| | | | | |
| | City/State/Zip | | | |
| (c) Applicant's telephone number: (1994) | 96 | | | |
| ☐ Individual ☐ Corporation | | | | |
| General Partnership Limited Partnership | | | | |
| If other than an individual | Ψ, | | | |
| (1) Florida registration number: Voj d zo 10 | (2) Domicile State: | | | |
| (3) Federal Employer Identification Number: | 1./- | | | |
| 2.(a) If the mark to be registered is a service mark, the service (i.e., furniture moving services, diaper services, house | | | | |
| | | | | |
| must be an experience - porte | Harris Color Color Color Color Color | | | |
| - 10 pm | holics of | | | |
| (b) If the mark to be registered is a trademark the | | | | |
| (b) If the mark to be registered is a trademark, the goods in (i.e., ladies sportswear, cat food, barbecue grills, shoe I | connection with which the mark is used: | | | |
| | • | | | |
| | | | | |
| | | | | |
| | | | | |
| (c) The mode or manner in which the mark is used:(i.e., label | s, decals, newspaper advertisements, brochures, el | | | |
| a transfer to the transfer to | The Marken Contract | | | |
| and the same of the same | | | | |
| | | | | |
| /C: | 1) | | | |
| CR2E014(1/96) (Continued | u) | | | |

| (d) The class(es) in which goods or service | es fall: |
|---|---|
| 35 AMILIAL S | 120.05 |
| | |
| | PART II |
| 1. Date first used by the applicant, predece | essor, or a related company (must include month, day and year): |
| (a) Date first used anywhere: | (b) Date first used in Florida: |
| · · | PART III |
| must be 76 words on loss \ | sign is included, please give brief written description which |
| The first fixed | -" AD" Britis in Protest Fox AT is Nicis |
| win " wickeying Eteron | |
| | |
| | |
| | |
| 2. DISCLAIMER (if applicable) | PROFESION TO HEE THE TERM " |
| NO CLAIM IS MADE TO THE EXCLUS | IVE RIGHT TO USE THE TERM |
| | " APART FROM THE MARK AS SHOWN. |
| the right to use such mark in Florida either in the ia be mistaken therefor. I make this affidavit and ver application and know the contents thereof and that | being sworn, depose and say that I am the owner and the applicant the owner and applicant herein, and no other person except a related company has dentical form or in such near resemblance as to be likely to deceive or confuse or to rification on my/the applicant's behalf. I further acknowledge that I have read the the facts stated herein are true and correct Typed or printed name of applicant |
| | Typed or printed name of applicant |
| | Typed or printed name of applicant REGIONAT CARN LOGIE |
| | int's signature or authorized person's signature (List name and title) |
| STATE OF FLORILIA | |
| COUNTY OF BROWN R.A | |
| personally appeared before me, | , 19 96, GARY LOGIE |
| ☑ who is personal | y known to me proved on the basis of |
| u whose identity i | proved on the basis of |
| | |
| | July a Committee |
| 1) Fernessaly Known 1) Cdest D. (1) Fernessaly Known 1) Cdest D. | Notary Public Signature |
| (*(FUBLIC)*) Bonded By Service Ins | Notary's Printed Name |
| JULIA C. SMITH- | Notary's Printed Name |
| Seal | My Commission Expires: 17 97 |

FEE: \$87.50 per class





W O R K 5 R O P

John K. Cahalin Photography

. . . .

7001 E OARLAND PAPE 3140 - SUITE 301 11 LAUDERDALE FLORIDA 33306 PMONE 305+50c+0405 - MOME 305+505+3505