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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name	
Address	
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Security Dealers. Net (35)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Name	
Availability	np
Document Examiner	NJC
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Updater Verifier	NJC
Acknowledgement	NJC
P. Verifier	NJC

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 32314Name & address to whom acknowledgment
should be sent:SECURITY DEALERS NETWORK, INC
1755 N.E. 162nd Street
N. Miami Beach, FL 33162
(305) 949-3330
Daytime Telephone number

PART I

1. (a) Applicant's name: SECURITY DEALERS NETWORK, INC
- (b) Applicant's business address: 1755 N.E. 162nd Street
NORTH Miami Beach, FL 33162
City/State/Zip

- (c) Applicant's telephone number: (305) 949-3330
- ☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: P098000047226 (2) Domicile State: FLORIDA
- (3) Federal Employer Identification Number: APPLIED 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.)

INTERNET MARKETING SERVICES

- (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.)

WEB SITE DIRECTORY OF BROKER-DEALERS
IN THE SECURITIES INDUSTRY

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

On-line advertising, print advertising, media,
brochures, business cards, letterhead.

(Continued)

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

35

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: May 21/98 (b) Date first used in Florida: May 21/98

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.)

SecurityDealers.net - All one word. Capital letter
"S" and "D" with a period after the word "Dealers."
No spaces between the letters.

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

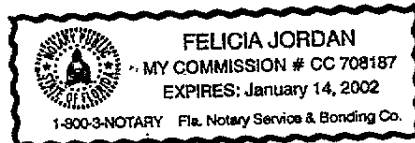
I, AARON DAY, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and apply herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance 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

AARON DAY

or printed name of applicant

Aaron Day

Applicant's signature

authorized person's signature
(name and title)STATE OF FLORIDACOUNTY OF DADEOn this 30th day of July, 19 98, AARON DAY
personally appeared before me,☐ who is personally known to me☐ whose identity I proved on the basis of FLORIDA DL#Drivers License # D000-001-61-061-0

Seal

My Commission Expires: 1-14-2002

FEE: \$87.50 per class

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“Example”

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