1980000	
Requestor's Name	98 AUG 21 AM 9: 09
Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA
City/State/Zip Phone #	# Office Use Only
1. — Corporation Name) CORPORATION NAME(S) & DOCUMENT OF THE CORPORATION NAME (S) & DOCUMENT OF	MENT NUMBER(S), (if known): 100002565601—-7 -05/19/3801076002 ******87.50 (Document #) (Document #)
3	(Document #) (Document #) Certified Copy Photocopy Certificate of Status
Profit Amendment Amendment	A.A., Officer/ Director stered Agent hdrawal Name Availability Document Examiner Updater Verifyer NJC
Other Other	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 25, 1998

JAIME A. SALINAS 17000 N.W. 67TH AVENUE #412 MIAMI, FL 33015

SUBJECT: FLORIDA SPORTS DIRECTORY

Ref. Number: W98000014566

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

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).

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 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.

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) 487-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 198A00034878

Commence of the 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 and address to whom acknowledgement should be sent: TAINE A. SAINAS TOOO NW 6744 Alexue # 412 Migul, Planda, 330(5) (305) 826-4689 Applicant's phone number		
PART I		
1. (a) Applicant's name: JAME A. SALINAS (b) Applicant's business address: 17000 N.W. 6744 Aeuve # 412 Miani, Florida 33015		
() corporation of the State of		
() general nartnership () limited partnership of the state of		
2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: PHONE BOOK DIRECTORY		
PHONE BOOK DIRECTORY		
(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: N/A		
(c) The mode or manner in which the mark is used:		
(c) The mode of mainter in which the NAME OF A SPORTS DIRECTORY		
(d) The class(es) in which goods or services fall:		
PART II		
1. Date first used by the applicant, predecessor, or a related company(must include month and year):		
6-10-48		
(a) Date first used anywhere		
(b) Date first used in Florida:		

PART III

a second of the	n description which must be
1. The mark to be registered is: (If logo/design is included, please give brief writte	,
25 words or less.)	
Fort Type: Florida Sports DIVECTOR	7
Fort Type: Florida Sports Director Helvetica Condensed black of	blique
Colors will change according to edition a Hacked.	, please see
	· .
a Hacked.	
	-
	,
2. DISCLAIMER (if applicable)	A STATE OF THE PROPERTY OF THE
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE	TERM
NO CLAIM IS MADE TO THE BACCOSTVE MOTORY	* APART FROM
* FLORDA SPORTS DIRECTORY	
THE MARK AS SHOWN.	•
I, JAME A. SAINAS, being swom, deposition owner and the applicant herein, or that I am authorized to sign on behalf of the herein, and no other person except a related company has the right to use so in the identical form or in such near resemblance as to be likely to deceive or therefor. I make this affidavit and verification on my/ the applicant's behalf that I have read the application and know the contents thereof and that true and correct.	if. I further acknowledge the facts stated herein are
TAGUT A SALINAS	
TAME A. SALINAS Typed or printed name of applicant	•
1 · 1 Q	·
Applicant's signature or authorized person's signature (List name and title)	
(List name and title)	98,
Subscribed and sworn to before me this 16 day of fone.	, 19 <u>98''</u>
Subscribed and sworn to obtain the	
(Notary Seal)	SE TAL
SANDRAD. JOHANNES Jan at Statement Public	
COMMISSION # CC572904	
CORROS EXPIRES JULY 28, 2000	SSE SSE
My Commission Expires: July 28, 2009	Tes 3 U
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	DA OS

FEE: \$87.50 per class

