Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: (Massachuse)
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: 333 South St. So. te 400, Shranker
Name of Agent Designated to Receive Notification of Claimed Infringement:
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Telephone Number of Designated Agent: (508) 856-5131
Facsimile Number of Designated Agent: (SCE) 856-)790
Email Address of Designated Agent: bdouglas @umasonheenet
Signature of Officer or Representative of the Designating Service Provider: Date: 2/2/06
Typed or Printed Name and Title: Licron Douglas

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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