

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Fusion Broadband, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 844 Livingston Court Marietta, GA 30067

Name of Agent Designated to Receive Notification of Claimed Infringement: Thad Wilson

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):

844 Livingston Court
Marietta, GA 30067

Telephone Number of Designated Agent: 770-693-7445

Facsimile Number of Designated Agent: 770-977-5680

Email Address of Designated Agent: twilson@fusionbroadband.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7-23-04

Typed or Printed Name and Title: Thad Wilson EVP of Finance

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

RECEIVED

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