

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

Full Legal Name of Service Provider: Mediatrope LLC

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Ethan Wilde

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):
Ethan Wilde, Mediatrope LLC
144 Townsend Street, Suite 200 San Francisco CA 94107

Telephone Number of Designated Agent: (415) 896-2000

Facsimile Number of Designated Agent: (415) 896-2212

Email Address of Designated Agent: ethanw@mediatrope.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11/9/98

Typed or Printed Name and Title: Ethan Wilde, President

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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