

Interim Designation of Agent to Receive Notification
of Claimed Infringement

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Full Legal Name of Service Provider: MediaTrip.com, Inc.

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

Address of Service Provider: ~~1234~~ 5455 Wilshire Blvd, Suite 1500

LA, CA
90036

Name of Agent Designated to Receive Notification of Claimed Infringement: Austin Harrison

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: 323-933 0797

Facsimile Number of Designated Agent: 323 933 0866

Email Address of Designated Agent: aharrison@mediatrip.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/28/99

Typed or Printed Name and Title: Austin Harrison
Chairman and CEO

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

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