

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

Full Legal Name of Service Provider: AZ TRAVEL MARKETING, INC.

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

Address of Service Provider: 526 W. Hayward, PHOENIX, AZ 85021

Name of Agent Designated to Receive Notification of Claimed Infringement: CONNIE J. MABLESON, ESQ.

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):

3003 NORTH CENTRAL AVE., STE. 1800
PHOENIX, AZ 85012

Telephone Number of Designated Agent: 602-277-3000

Facsimile Number of Designated Agent: 602-277-7478

Email Address of Designated Agent: CONNIE@AZLAWYERS.COM

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: AZ TRAVEL MARKETING, INC., JANUARY 30, 2001

Signature of _____ ve of the Designating Service Provider:

Date: 1/2/01

Typed or Printed Name and Title: Kathy Anderson, President

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

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