

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

**Full Legal Name of Service Provider:** Temple University - Of The Commonwealth  
System of Higher Education

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

**Address of Service Provider:** 1801 North Broad Street, Room 700, Philadelphia, PA 19122-6096

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Mr. Ariel Silverstone

**Full Address of Designated Agent to which Notification Should be Sent:**

1801 North Broad Street, Room 700, Philadelphia, PA 19122-6096

**Telephone Number of Designated Agent:** 215-204-7077

**Facsimile Number of Designated Agent:** 215-204-0545

**Email Address of Designated Agent:** abuse@temple.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing  
Date: Temple University - Of The Commonwealth System of Higher Education  
(a/k/a Temple University) filed February 11, 1999

Signature of Office : \_\_\_\_\_ Representative of the Designating Service Provider:  
\_\_\_\_\_ Date: February 24, 2003

Martin S. Dorph  
Vice President, Chief Financial Officer and Treasurer

**RECEIVED**

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