

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Sound Flavor, Inc.

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

Address of Service Provider: 2339 Third St. Fourth Floor
San Francisco, CA 94107

Name of Agent Designated to Receive Notification of Claimed Infringement: Pete Budlong

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):

2339 Third St. Fourth Floor
San Francisco, CA 94107

Telephone Number of Designated Agent: (415) 864-1718

Facsimile Number of Designated Agent: (415) 864-0688

Email Address of Designated Agent: pete@soundflavor.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 8/16/07

Typed or Printed Name and Title: Pete Budlong, VP Business Development

SCANNED 08 30 - 2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee
Made Payable to the Register of Copyrights.

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