

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

Full Legal Name of Service Provider: South Florida Community College

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

Address of Service Provider: 600 West College Drive, Avon Park Florida 33825-9356

Name of Agent Designated to Receive
Notification of Claimed Infringement: Dr. Linda A. Ward

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):
600 West College Drive, Avon Park Florida 33825-9356

Telephone Number of Designated Agent: 863-784-7205

Facsimile Number of Designated Agent: 863-784-7313

Email Address of Designated Agent: linda.ward@southflorida.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: November 21, 2008

Typed or Printed Name and Title: Glenn W. Little, Vice President for Administrative Services

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

Mail the form to:

Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

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