

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

Full Legal Name of Service Provider: SPORTSHUDDLE.COM, INC

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

Address of Service Provider: 232 N. Kingshighway

Name of Agent Designated to Receive Notification of Claimed Infringement: KARA TURNER NEWMARK

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):

Kara.newmark@sportshuddle.com or
1509 WASHINGTON AVE. 7th FLOOR, ST. LOUIS, MO 63103

Telephone Number of Designated Agent: (314) 209-5200

Facsimile Number of Designated Agent: (314) 209-5201

Email Address of Designated Agent: Kara.Newmark@sportshuddle.com

Signature of Officer or Representative of the Designating Service Provider:
Date: 3/4/00

Typed or Printed Name and Title: KARA TURNER NEWMARK
ASST. SECRETARY

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



RECEIVED

APR 7 2000

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