

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: THE STATUE OF LIBERTY - ELLIS ISLAND FOUNDATION, INC.

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

Address of Service Provider: 292 MADISON AVE #14
NEW YORK NY 10017

Name of Agent Designated to Receive Notification of Claimed Infringement: GARY E KELLEY

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):

292 MADISON AVE #14
NEW YORK NY 10017

Telephone Number of Designated Agent: 212-561-4511

Facsimile Number of Designated Agent: 212-~~56~~ 779-1990

Email Address of Designated Agent: GKELLEY@ELLISISLAND.ORG

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10-31-03

Typed or Printed Name and Title: GARY E KELLEY
SECRETARY, V.P. & CONTROLLER

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.

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