

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

Full Legal Name of Service Provider: WBOC TV, Inc.

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

Address of Service Provider: 1729 N. Salisbury Blvd. Salisbury MD 21802

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** William Kenton

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):
1729 N. Salisbury Blvd. Salisbury MD 21802

Telephone Number of Designated Agent: 410.749.1111

Facsimile Number of Designated Agent: 410.749.2361

Email Address of Designated Agent: bkenton@wboc.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 9/5/2001

Typed or Printed Name and Title: William Kenton, President

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

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