

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

Full Legal Name of Service Provider: Williamson County Cablevision Company

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

Address of Service Provider: 1400 Lake Hearn Drive, NE, Atlanta, GA 30319

Name of Agent Designated to Receive Notification of Claimed Infringement: Wanda Moore

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):
1400 Lake Hearn Drive, NE, Atlanta, GA 30319

Telephone Number of Designated Agent: 404-843-5000

Facsimile Number of Designated Agent: 404-843-5845

Email Address of Designated Agent: copyright-abuse@cox.com

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

Date: 10-23-01

Typed or Printed Name and Title: Wanda Moore, Paralegal

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

RECEIVED

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