

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

Full Legal Name of Service Provider: WTOV, Inc. d/b/a/ WTOV-TV

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): WTOV-TV, WTOV9.com

Address of Service Provider: 9 Red Donley Plaza, Box 9999, Steubenville, OH 43952

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Seachman

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):
Michael Seachman, Operations Manager, WTOV-TV, 9 Red Donley Plaza,
Box 9999, Steubenville, OH 43952

Telephone Number of Designated Agent: 740-282-9999

Facsimile Number of Designated Agent: 740-282-0439

Email Address of Designated Agent: mseachman@wto.com

Signature: _____ **Agent or Representative of the Designating Service Provider:**
Date: 2/12/03

Typed or Printed Name and Title: Elisa P. Rosen, Attorney, Dow, Lohnes & Albertson, pllc,
on behalf of WTOV, Inc.

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

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