

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: ON Networks, Inc

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

Address of Service Provider: 504 Lavaca St. Suite 960
Austin Tx 78701

Name of Agent Designated to Receive Notification of Claimed Infringement: James Sink

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):

504 Lavaca St. Ste 960 jsink@onnetworks.com
Austin Tx 78701

Telephone Number of Designated Agent: 512 474-2151

Facsimile Number of Designated Agent: 512 474-2152

Email Address of Designated Agent: jsink@onnetworks.com

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

Date: 4-20-07

Typed/or Printed Name and Title: Jennifer Grogono
Vice President

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



RECEIVED

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