

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

Full Legal Name of Service Provider: Headstrong, Inc.

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

Address of Service Provider: 3050 Chain Bridge Road, Suite 600, Fairfax, VA ~~22030~~
22030

Name of Agent Designated to Receive Notification of Claimed Infringement: Nelson Blitz

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):
3050 Chain Bridge Road, Suite 600
Fairfax, VA 22030

Telephone Number of Designated Agent: (703) 277-6943

Facsimile Number of Designated Agent: (703) 279-5699

Email Address of Designated Agent: nelson.blitz@headstrong.com

Representative of the Designating Service Provider: _____
Date: 2/4/02

Typed or Printed Name and Title: Nelson Blitz
Senior Vice President and General Counsel

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

RECEIVED

FEB 06 2002

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