

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

Full Legal Name of Service Provider: Health Sites, Inc.

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

Address of Service Provider: 653 West 23rd Street #287, Panama City, FL 32405

Name of Agent Designated to Receive
Notification of Claimed Infringement: Beverly D. Lewis

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):

Health Sites, Inc., 653 West 23rd Street #287, Panama City, FL 32405

Telephone Number of Designated Agent: 850-773-0004

Facsimile Number of Designated Agent: 850-773-5722

Email Address of Designated Agent: support@healthsitesinc.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Health Sites, Inc., 06/25/2004, # 141038850

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/1/04

Typed or Printed Name and Title: Beverly D. Lewis, Director

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

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RECEIVED

AUG 13 2004

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