

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

Full Legal Name of Service Provider: GET ACTIVE SOFTWARE, INC

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

Address of Service Provider: 2885 TELEGRAPH AVENUE, SUITE 600
BERKELEY CA 94705

Name of Agent Designated to Receive Notification of Claimed Infringement: DR. WILLIAM S. PEASE

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): SAME AS SERVICE PROVIDER ABOVE

Telephone Number of Designated Agent: 510-540-4772

Facsimile Number of Designated Agent: 510-540-4163

Email Address of Designated Agent: bill@getactive.com

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

Date: OCTOBER 30, 2003

Typed or Printed Name and Title: WILLIAM S PEASE
CHIEF TECHNOLOGY OFFICER

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

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