

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

Full Legal Name of Service Provider: Atlantic.Net, Inc.

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

Address of Service Provider: 2815 NW 13th Street; Suite 201; Gainesville, FL 32609

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jacques Ward

Full Address of Designated Agent to which Notification Should be Sent:
2815 NW 13th Street; Suite 201; Gainesville, FL 32609

Telephone Number of Designated Agent: (352) 375-2912 ext. 4365

Facsimile Number of Designated Agent: (352) 375-2702

Email Address of Designated Agent: jpward@atlantic.net

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 5/2/01

Typed or Printed Name and Title:

Jacques Ward, Esq. General Counsel, Atlantic.Net, Inc.

RECEIVED

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