

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

Full Legal Name of Service Provider: Cyberlyte LLC

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

Address of Service Provider: P.O. Box 512, Alpharetta, GA 30009
Street address, see below*

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** James K. Miller

*Added by CO
J. Miller,
phone call,
3/24/05

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):
15006 Lake Union Hill Way, Alpharetta, GA 30004

Telephone Number of Designated Agent: 1-770-521-0277

Facsimile Number of Designated Agent: 1-770-521-0277

Email Address of Designated Agent: agent@cyberlyte.com

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 3/17/05

Typed or Printed Name and Title: Nur A. Kamarudin, Chief Operating Officer

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

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