

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

Full Legal Name of Service Provider: Intellispac Boston, Inc.

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

**Address of Service Provider:
c/o Intellispac, Inc.
1156 Avenue of the Americas, New York, NY, 10036**

**Name of Agent Designated to Receive
Notification of Claimed Infringement: Chris Broderick, VP Operations**

**Full Address of Designated Agent to which Notification Should be Sent:
Chris Broderick, VP Operations
Intellispac, Inc.
1156 Avenue of the Americas
New York, NY 10036**

Telephone Number of Designated Agent: 212-536-7937

Facsimile Number of Designated Agent: 212-869-3580

Email Address of Designated Agent: copyright@intellispac.net

Signature of Officer or Representative of the Designating Service Provider:

_____ **Date: December 8, 2003**

Typed or Printed Name and Title: Chris Broderick, VP Operations

RECEIVED

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