

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

Full Legal Name of Service Provider: ATLAS SYSTEMS, INC.

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

Address of Service Provider: 5301 PROVIDENCE RD., SUITE 20
VIRGINIA BEACH, VA 23464

Name of Agent Designated to Receive Notification of Claimed Infringement: DAN SPECHT

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):
5301 PROVIDENCE RD. SUITE 20
VIRGINIA BEACH, VA 23464

Telephone Number of Designated Agent: 757-467-7872

Facsimile Number of Designated Agent: 757-467-7875

Email Address of Designated Agent: DSPECHT@ATLAS-SYS.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 9/24/2006

Typed or Printed Name and Title: DAN SPECHT, DIR. OF OPS/CEO

SCANNED 09 27-2006

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



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