

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

Full Legal Name of Service Provider: Blue Beat

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

Address of Service Provider: P.O. Box 8447, Santa Cruz, CA 95061 (Mail)*
Street address, same as below.*

Name of Agent Designated to Receive Notification of Claimed Infringement: Liz Crowell

*Added by CO
per L. Crowell,
phone call,
12/16/03

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): 55 River Street, Suite 200
Santa Cruz CA 95060

Telephone Number of Designated Agent: 831-426-4412

Facsimile Number of Designated Agent: 831-426-4486

Email Address of Designated Agent: lcrowell@bluebeat.com

Signature or Representative of the Designating Service Provider: _____
Date: 11/14/03

Typed or Printed Name and Title: Bianca Soros
COO

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

RECEIVED

DEC 16 2003

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