

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

Full Legal Name of Service Provider: Brevard Community College

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

Address of Service Provider: 1519 Clearlake Road, Cocoa FL 32922

Name of Agent Designated to Receive Notification of Claimed Infringement: Frank Billings

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):

1519 Clearlake Road
Cocoa, Florida 32922

Telephone Number of Designated Agent: 321-433-7160

Facsimile Number of Designated Agent: 321-433-5692

Email Address of Designated Agent: billingsf@brevardcc.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Frank Billings

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 4/4/07

Typed or Printed Name and Title: Frank Billings
AVP, Institutional Effectiveness and Strategic Management

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



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SCANNED 06 15-2007