

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

**Full Legal Name of Service Provider:** THE CITY OF LEESBURG, FLORIDA

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** NONE

**Address of Service Provider:** 501 W MEADOW ST / LEESBURG FL 34748

**Name of Agent Designated to Receive Notification of Claimed Infringement:**  
FRED A MORRISON

**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):** 1000 W MAIN ST / LEESBURG FL 34748

**Telephone Number of Designated Agent:** 352-787-1241

**Facsimile Number of Designated Agent:** 352-326-2608

**Email Address of Designated Agent:** FredM@mclinburnsed.com

**Signature of Officer or Representative of the Designating Service Provider:**

[Redacted Signature]

**Date:** 12-02-10

**Typed or Printed Name and Title:** JAY EVANS, CITY MANAGER

Scanned  
FEB 11 2011

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

*\*Note. Current and adjusted fees are available on the Copyright website at [www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)*



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