

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

Full Legal Name of Service Provider: Comcast Cable Communications Management, LLC

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

Address of Service Provider: 1500 Market Street, Philadelphia, PA 19102

Name of Agent Designated to Receive Notification of Claimed Infringement: DMCA Coordinator

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):
Activity TV, 1500 Market Street, Philadelphia, PA 19102

Telephone Number of Designated Agent: _____

Facsimile Number of Designated Agent: 215.981.8435

Email Address of Designated Agent: info@activitytv.tv

Signature of Officer or Representative of the Designating Service Provider: _____
Date: May, 2007

Typed or Printed Name and Title: Monique Moffo, Production Coordinator
Content Acquisitions

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

SCANNED

RECEIVED

OCT 19 2007
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