

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

**Full Legal Name of Service Provider:** CONCEPT SOFTWARE, INC.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** SOFTWARE KEY.COM

**Address of Service Provider:** 1017 WOODALL DRIVE, ALTAMONTE SPRING, FL 32714

**Name of Agent Designated to Receive Notification of Claimed Infringement:** MICHAEL WOZNIAK

**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):**  
1017 WOODALL DRIVE, ALTAMONTE SPRING, FL 32714

**Telephone Number of Designated Agent:** 407-796-4457 x100

**Facsimile Number of Designated Agent:** 407-796-4458

**Email Address of Designated Agent:** WOZ@softwarekey.com

**Signature of Officer** \_\_\_\_\_ **ative of the Designating Service Provider:**  
Date: 11/6/00

**Typed or Printed Name and Title:** MICHAEL WOZNIAK, PRESIDENT

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

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