

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

**Full Legal Name of Service Provider:** Corbis Sygma

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

**Address of Service Provider:** 902 Broadway, 3rd Floor, New York, NY 10010

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Associate General Counsel - James D. Mitchell

**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):

Corbis Corporation, Attn: Associate General Counsel, 15395 SE 30th Place, Suite 300

Bellevue, WA 98007

**Telephone Number of Designated Agent:** (425) 641-4505

**Facsimile Number of Designated Agent:** (425) 644-8193

**Email Address of Designated Agent:** LegalGroup@corbis.com

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

Date: 11/21/01

**Typed or Printed Name and Title:** James D. Mitchell, Associate General Counsel

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



**RECEIVED**

DEC 20 2001

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