

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: HIGHTWINDS NETWORK GROUP, INC.

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

Address of Service Provider: 111 E. FAIRBANKS AVE STE 100 WINTER PARK FL 32789

Name of Agent Designated to Receive Notification of Claimed Infringement: GABE MILLER

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):

111 E. FAIRBANKS AVE STE 100 WINTER PARK, FL 32789

Telephone Number of Designated Agent: 407-249-2221

Facsimile Number of Designated Agent: 407-647-0392

Email Address of Designated Agent: DMCA@HIGHTWIND.COM

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

Date: 5/3/06

Typed or Printed Name and Title: R. GABE MILLER, CFO

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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SCANNED 07 12-2006

RECEIVED

MAY 09 2006

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