

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

Full Legal Name of Service Provider: HIGHWINDS SOFTWARE LLC

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

Address of Service Provider: 807 W. MORSE BVD STE 101 WINTER PARK FL 32789

Name of Agent Designated to Receive Notification of Claimed Infringement: R 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):

807 W. MORSE BOULEVARD SUITE 101
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@HIGHWIND.COM

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: HIGHWINDS SOFTWARE, LLC OCT 17 2003

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

Date: 7/18/06

Typed or Printed Name and Title: R GABE MILLER CFO

SCANNED 12 14-2006

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



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