

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

Full Legal Name of Service Provider: La Touraine, Inc

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

Address of Service Provider: 101 Convention Center Dr.Ste 700, Las Vegas, NV, 891

Name of Agent Designated to Receive
Notification of Claimed Infringement: George Hronopoulos

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):
101 Convention Center Dr.Ste 700, Las Vegas, NV, 89109 USA

Telephone Number of Designated Agent: 702 579 4174

Facsimile Number of Designated Agent: 8584500575

Email Address of Designated Agent: accounting@latouraineinc.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 1/21/04

Typed or Printed Name and Title: George Hronopoulos
President

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

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RECEIVED

JAN 27 2004

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