

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

Full Legal Name of Service Provider: _____
OLAPIC

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

Address of Service Provider: 447 Broadway, 2nd Floor, Suite 1, New York, 10013, NY

Name of Agent Designated to Receive Notification of Claimed Infringement: Jose De Cabo

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):
447 Broadway, 2nd Floor, Suite 1, New York, 10013, NY

Telephone Number of Designated Agent: 917-207-1542

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: legal@olapic.com

Signature _____ **Representative of the Designating Service Provider:**
Date: April 11, 2011

Typed or Printed Name and Title: JOSE DE CABO, CO-CEO

Scanned
APR 20 2011

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

***Note: Current and adjusted fees are available on the Copyright website at
www.copyright.gov/docs/fees.html**

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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Copyright Office