

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

Full Legal Name of Service Provider: Oddecast, Inc.

**Alternative Names) of Service Provider (including all names under which the
service provider is doing business):** N/A

Address of Service Provider: 589 8th Avenue, 11th Floor, New York, NY 10018

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Gally Perry, Esq.

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): 589 8th Avenue, 11th Floor, New York, NY 10018

Telephone Number of Designated Agent: (212) 375 6290

Facsimile Number of Designated Agent: (212) 375 6291

Email Address of Designated Agent: gally@oddecast.com

Signature of ~~Officer~~ or representative of the Designating Service Provider:

_____ Date: 11/25/2005

Typed or Printed Name and Title: Adi Sideman, CEO & President

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

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SCANNED 11/25/05

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