

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

Full Legal Name of Service Provider PhotoChannel Networks

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

Address of Service Provider 2 Omega Drive, Box 4820, Stamford, CT 06907

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Charles Barthold

**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):**
2 Omega Drive, Box 4820, Stamford, CT 06903

Telephone Number of Designated Agent: 203-355-0800

Facsimile Number of Designated Agent: 203-355-0801

Email Address of Designated Agent: cbarthold@photochannel.com

Signature of Representative of the Designating Service Provider:

Date: 9/28/00

Typed of Printed Name and Title: Charles Barthold

VP/Editorial Content

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made
Payable to the Register of Copyrights.**

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