

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

Full Legal Name of Service Provider: Urban Nutrition, LLC

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

Address of Service Provider: 499 Washington Boulevard, Floor 15, Jersey City, NJ 07310

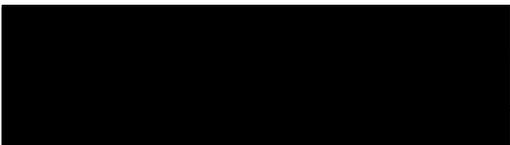
Name of Agent Designated to Receive Notification of Claimed Infringement: Carolyn Kovalerchik, Esq.

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):
499 Washington Boulevard, Floor 15, Jersey City, NJ 07310

Telephone Number of Designated Agent: 201-942-2736

Facsimile Number of Designated Agent: 201-221-8384

Email Address of Designated Agent: ckovalerchik@atlanticcoastmedia.com



Representative of the Designating Service Provider: _____
Date: 6/14/2012

Typed or Printed Name and Title: Carolyn Ryans Kovalerchik - Associate Counsel

**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:
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Washington, DC 20024



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