

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

**Full Legal Name of Service Provider:** Anthillz LLC

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

**Address of Service Provider:** 259 S. 21st Street Suite 2, Philadelphia, PA 19103

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Anthillz LLC

**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):  
259 S. 21st Street Suite 2, Philadelphia, PA 19103

**Telephone Number of Designated Agent:** 215-789-9023

**Facsimile Number of Designated Agent:** 215-789-9023

**Email Address of Designated Agent:** info@anthillz.com

**Signature of Officer or Representative of the Designating Service Provider:**

Date: 4/21/08

**Typed or Printed Name and Title:** Blake Jennelle, CEO

SCANNED 03-20/2008

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 20024



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