

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

**Full Legal Name of Service Provider:** The Artists Rights Foundation

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Admit One Org Film School

**Address of Service Provider:** 7920 Sunset Blvd., Suite 260 Los Angeles CA 90046

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Amy Brotherton

**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):**  
The Artists Rights Foundation, 7920 Sunset Blvd, Suite 260  
Los Angeles CA 90046

**Telephone Number of Designated Agent:** (323) 436-5060

**Facsimile Number of Designated Agent:** (323) 436-5061

**Email Address of Designated Agent:** amyz@artistsrights.org

**Signature** \_\_\_\_\_ **Representative of the Designating Service Provider:**  
Date: 5/7/01

**Typed or Printed Name and Title:** Amy Brotherton, Communications  
Director

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

**RECEIVED**

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