

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

**Full Legal Name of Service Provider:** Biopass Medical Systems, Inc.

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

**Address of Service Provider:** 6226 NW 84th Terrace, Parkland, FL 33067

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Kimberly Grullon

**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):  
10105 W Sample Road Coral Springs, FL 33065

**Telephone Number of Designated Agent:** 954-757-3254

**Facsimile Number of Designated Agent:** 954-755-7790

**Email Address of Designated Agent:** abuse@dslx.net

**Signature of \_\_\_\_\_ Representative of the Designating Service Provider:**  
Date: 7/11/2002

**Typed or Printed Name and Title:** Jay Brussels, President

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

**RECEIVED**

AUG 05 2002

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