

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

Full Legal Name of Service Provider: Cull TV, Inc.

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

Address of Service Provider: 1630 Fairway Dr. Belmont, CA 94002

Name of Agent Designated to Receive Notification of Claimed Infringement: Katherine de Leon

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):
1630 Fairway Dr. Belmont, CA 94002

Telephone Number of Designated Agent: 415.299.0647

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: kdeleon@cull.tv

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 28, 2010



Typed or Printed Name and Title: Katherine de Leon, Cofounder & CEO

**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:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024



Scanned
AUG 2 8 2010

Received

Copyright Office