

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

Full Legal Name of Service Provider: Echospin LLC

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

Address of Service Provider: 413 West 14th Street, New York, NY, 10014

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jon Lowy

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):
Echospin, 413 West 14th Street, New York, NY, 10014

Telephone Number of Designated Agent: 212 994 0307

Facsimile Number of Designated Agent: 800 786 7738

Email Address of Designated Agent: jon@echospin.com

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** October 10, 2005

Typed or Printed Name and Title: Jon Lowy, Member

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

SCANNED 1 / 2 0 / 0 5

RECEIVED

OCT 10 2005

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