

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

Full Legal Name of Service Provider: Exhibition A, Inc.

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

Address of Service Provider: 376 Bleecker Street, New York, NY 10014

Name of Agent Designated to Receive Notification of Claimed Infringement: Chief Financial Officer

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):
376 Bleecker Street, New York, NY 10014

Telephone Number of Designated Agent: 646-476-3116

Facsimile Number of Designated Agent: 212-242-4136

Email Address of Designated Agent: contact@exhibitiona.com

S  **entative of the Designating Service Provider:**
Date: 10/26/10

Typed or Printed Name and Title: Gabrielle Munoz, Chief Financial Officer

**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 RRP
P.O. Box 71537
Washington, DC 20024



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NOV 01 2010
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NOV 10 2010