

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



Full Legal Name of Service Provider: FamilySafe, Inc.

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

Address of Service Provider: 6800 Jericho Tpke, Suite 208E, Syosset, NY 11791

Name of Agent Designated to Receive Notification of Claimed Infringement: Erica Zalbert

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):
6800 Jericho Tpke. Suite 208E, Syosset, NY 11791

Telephone Number of Designated Agent: 516-802-0223

Facsimile Number of Designated Agent: 516-802-0228

Email Address of Designated Agent: info@echometrix.com

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 11/11/09

Typed or Printed Name and Title: Erica Zalbert, Chief Financial Officer

SCANNED 11 24 - 2009

**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 GC/I&R
P.O. Box 70400
Washington, DC 20024

