

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

Full Legal Name of Service Provider: Fantasy Brain, Inc.

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

Address of Service Provider: 1654 Stockton St #2, San Francisco, CA 94133

Name of Agent Designated to Receive Notification of Claimed Infringement: Jonathan Joseph

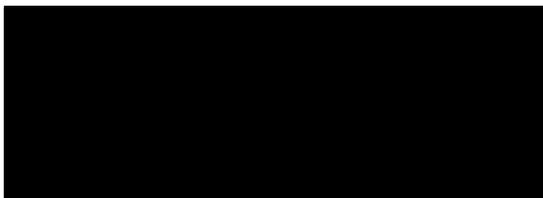
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

1654 Stockton St #2, San Francisco, CA 94133

Telephone Number of Designated Agent: 415-378-2126

Facsimile Number of Designated Agent: 415-378-2126

Email Address of Designated Agent: commish@fantasybrain.com



Name of the Designating Service Provider: _____
Date: July 1, 2012

Jonathan Joseph, President, Fantasy Brain

**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
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Washington, DC 20024



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