

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

Full Legal Name of Service Provider: _____
GlowHost.com, Inc

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

Address of Service Provider: 6531 SE Federal Highway, Stuart, Florida 34997

Name of Agent Designated to Receive Notification of Claimed Infringement: Matthew Lundstrom

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):
6220 SE Turn Leaf Trail
Hobe Sound, FL 33455

Telephone Number of Designated Agent: +18882934678

Facsimile Number of Designated Agent: +18774678568

Email Address of Designated Agent: dmca@glowhost.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 04/13/2011

Typed or Printed Name and Title: Matt Lundstrom
President

**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**

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