

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

**Full Legal Name of Service Provider:** Health and Fitness Link Inc.

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

**Address of Service Provider:** 320 WEST HENRY STREET PUNTA GORDA, FL 33950

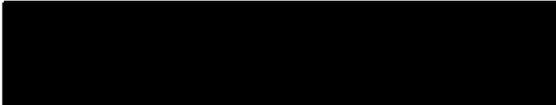
**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Nicole Plummer

**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):  
320 West Henry Street Punta Gorda, FL 33950

**Telephone Number of Designated Agent:** 305-482-3442

**Facsimile Number of Designated Agent:** None

**Email Address of Designated Agent:** info@efitnesshub.com

 of the Designating Service Provider:

Date: 10.20.13

Typed or Printed Name and Title: Nicole Plummer - 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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
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