

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

Full Legal Name of Service Provider: Kiko, Inc.

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

Address of Service Provider: 4500 E. Pacific Coast Hwy. #550
Long Beach, CA 90804

Name of Agent Designated to Receive Notification of Claimed Infringement: Charles Orchard

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):

4500 E. Pacific Coast Hwy. #550
Long Beach, CA 90804

Telephone Number of Designated Agent: (562) 985-3520

Facsimile Number of Designated Agent: (562) 985-3521

Email Address of Designated Agent: safety@kiko.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 8/11/00

Typed or Printed Name and Title: Charles Orchard,
Content Safety Manager

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

AUG 15 2000

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