

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

**Full Legal Name of Service Provider:** LeapSeats, Inc.

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

**Address of Service Provider:** 423 W 55th Street, New York, NY 10019

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Andrea Pagnanelli

**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):  
423 W 55th Street, New York, NY 10019

**Telephone Number of Designated Agent:** (646) 582-2408

**Facsimile Number of Designated Agent:** NA

**Email Address of Designated Agent:** apagnanelli@rseventures.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 11-29-2012

**Typed or Printed Name and Title:** J. Matthew Williams, Mitchell Silberberg & Knupp LLP,  
Counsel for LeapSeats, Inc.

**Note: This Interim Designation Must be Accompanied by a Filing Fee\*  
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