

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

**Full Legal Name of Service Provider:** TOP OUTLINES LLC

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

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**Address of Service Provider:** 1550 BRICKELL AVE., B404, MIAMI, FL, 33129

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**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** JOHN PHILIP SHEALY WALTER, ESQ.

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**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):  
1550 BRICKELL AVE., B404, MIAMI, FL, 33129

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**Telephone Number of Designated Agent:** 334-201-8103

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**Facsimile Number of Designated Agent:** 305-381-6225

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**Email Address of Designated Agent:** JOHN@TOPOUTLINES.COM

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 of the Designating Service Provider:

Date: 11/24/2014

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**Typed or Printed Name and Title:** JOHN PHILIP SHEALY WALTER, ESQ.  
CHIEF EXECUTIVE OFFICER

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**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:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

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