

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

Full Legal Name of Service Provider: Trip Files LLC,
a Delaware limited liability company

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

Address of Service Provider: 113 Sevilla Ave, Coral Gables, Florida
33134

Name of Agent Designated to Receive Notification of Claimed Infringement: Stephan Medina

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):
113 Sevilla Ave, Coral Gables, Florida 33134

Telephone Number of Designated Agent: 305 755 3990

Facsimile Number of Designated Agent: 305 858 3290

Email Address of Designated Agent: ~~_____~~ smedina@tangenrepm.com

 Representative of the Designating Service Provider:
Date: 10/20/14

Typed or Printed Name and Title: Deslie Quinby, Representative Trip Files LLC

**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

Mail the form to:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

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