

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

Full Legal Name of Service Provider: XON MEDIA GROUP, INC.

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

Address of Service Provider: 4770 CAMPUS DRIVE, SUITE 240, NEWPORT BEACH, CA 92660

Name of Agent Designated to Receive Notification of Claimed Infringement: XON MEDIA GROUP, INC. COPYRIGHT AGENT

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):
4770 CAMPUS DRIVE, SUITE 240, NEWPORT BEACH, CA 92660

Telephone Number of Designated Agent: 949-752-7535

Facsimile Number of Designated Agent: 949-752-7051

Email Address of Designated Agent: ABUSE@XONMEDIAGROUP.COM



Representative of the Designating Service Provider: _____
Date: JUNE 14, 2012

Typed or Printed Name and Title: RYO TAMURA, 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**

**Scanned
JUL 25 2012**

Mail the form to:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



**Received
JUN 28 2012
Copyright Office**