Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Al	pparition LLC	_
Alternative Name(s) of Service Provider provider is doing business):	(including all names under which the serv	vice - -
Address of Service Provider: 25	West 39th Street, New York, NY 10018	_
Name of Agent Designated to Receive Notification of Claimed Infringement: <u>V</u>	alerie C. Bruce	
	ich Notification Should be Sent (a P.O. Box t is the only address that can be used in the geographic	
location):	5 West 39th Street, New York, NY 10018	-
Telephone Number of Designated Agent:	: 646-257-2804	-
Facsimile Number of Designated Agent:	646-366-8183	_
Email Address of Designated Agent:	vbruce@apparition.com	
Signature of Officer or Representative of the	he Designating Service Provider: Date: 3/23//0	-
Typed or Printed Name and Title:	Valerie C. Bruce, SVP Business Affairs	_
	Sc	can
Note: This Interim Designation Must be Made Payable to the Register of Copyrig *Note: Current and adjusted fees are ava	ghts.	PR 1
1. 0	Received	
Mail the form to:	876763 MAR 2 5 ZUIU	

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