

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

Full Legal Name of Service Provider: Berklee College of Music, Inc.

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

Address of Service Provider: 1140 Boylston Street, MS-855, Boston, MA 02115

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert Green

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): 1140 Boylston Street, MS-855, Boston, MA 02115

Telephone Number of Designated Agent: (617) 747-2146

Facsimile Number of Designated Agent: (617) 747-2149

Email Address of Designated Agent: copyright@berkleemusic.com

Signature of Officer or Representative of the Designating Service Provider: _____ Date: 10/1/04

Typed or Printed Name and Title: Robert Green
Director of Business Affairs *

*Added by CO
per phone call,
2/3/05

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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