

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



Full Legal Name of Service Provider: Brave Kids, Inc.

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

Address of Service Provider: 151 Sawgrass Corners Dr, 204J, Ponte Vedra Beach FL 32082

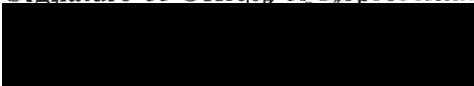
**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kristen Fitzgerald

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):
151 Sawgrass Corners Drive, Suite 204J, Ponte Vedra Beach, FL 32082

Telephone Number of Designated Agent: 904-280-1895

Facsimile Number of Designated Agent: 904-339-9391

Email Address of Designated Agent: kristen@bravekids.org

Signature of Officer or Representative of the Designating Service Provider:
 **Date:** 10/13/2009

Typed or Printed Name and Title: Kristen Fitzgerald, Founder and President

SENDER 10 27 - 2009

**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:
Copyright GC/I&R
P.O. Box 70400
Washington, DC 20024

