

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

**Full Legal Name of Service Provider:** Brazosport College

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

**Address of Service Provider:** 500 College Drive, Lake Jackson, TX 77566

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Director of Information Technology

**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):  
500 College Drive, Lake Jackson, TX 77566

**Telephone Number of Designated Agent:** (979) 230-3266

**Facsimile Number of Designated Agent:** (979) 230-3111

**Email Address of Designated Agent:** dmca@brazosport.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 9/10/04

**Typed or Printed Name and Title:** Gary Johnstone Dean Administrative & Business Services

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

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**RECEIVED**

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