

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: CoSign Inc

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

Address of Service Provider: 1410 Dickens Street Floor 1, Far Rockaway, NY 11691

Name of Agent Designated to Receive Notification of Claimed Infringement: Abiodun Johnson

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):
1410 Dickens Street Floor 1
Far Rockaway, NY 11691

Telephone Number of Designated Agent: 646-504-2570

Facsimile Number of Designated Agent: 718-622-2093

Email Address of Designated Agent: legal@iCoSign.tv

Signature of Designating Service Provider: _____
Date: 3/14/2014

Typed or Printed Name and Title: Abiodun Johnson
CEO & Co-Founder

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024



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