

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

Full Legal Name of Service Provider: DATA MANAGEMENT GROUP, INC

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

Address of Service Provider: PO Box 4287 Hallandale FL 33008 (Mail)*
Street address, same as below*

Name of Agent Designated to Receive Notification of Claimed Infringement: TIMOTHY B LIZOTTE

*Added by CO
per T. Lizotte
phone call,
9/9/03

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):

55268 DEER RUN RD Callahan FL 32011

Telephone Number of Designated Agent: 786-385-7316

Facsimile Number of Designated Agent: 305-931-7840

Email Address of Designated Agent: LIZOTTE@DATAMG.COM

Signature of Officer or Representative of the Designating Service Provider: _____
Date: August 15, 2003

Typed or Printed Name and Title: TIMOTHY B. LIZOTTE CEO

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

RECEIVED

SEP 09 2003

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