

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

Full Legal Name of Service Provider: DC Independent Film Festival

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

Address of Service Provider: 2950 Van Ness Street, NW, Suite 728, Wash., DC 20008

Name of Agent Designated to Receive Notification of Claimed Infringement: Carol Bidault

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): 2950 Van Ness Street, NW, Suite 728, Washington, DC 20008

Telephone Number of Designated Agent: 202 537 9493

Facsimile Number of Designated Agent: 202 686-7168

Email Address of Designated Agent: dcindiefilmfest@aol.com

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

Date: 3/26/02

Typed or Printed Name and Title: Carol Bidault, President

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights. 30

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