

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

Full Legal Name of Service Provider: The Epilepsy Project

**Alternative Name(s) of Service Provider (including all names under which
the service provider is doing business):** epilepsyproject.org; epilepsyproject.com,
epilepsy.com

Address of Service Provider: The Epilepsy Project, 11911 Freedom Drive
Suite 730, Reston, VA 20190

Name of Agent Designated to Receive Notification of Claimed Infringement:
William B. Wilhelm, Jr.
Jonathan S. Frankel

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: Swidler Berlin Shereff Freidman, LLP, 3000 K Street,
NW, Suite 300, Washington, DC 20007

Telephone Number of Designated Agent: Mr. Wilhelm: 202-424-7827
Mr. Frankel: 202-424-7743

Facsimile Number of Designated Agent: Mr. Wilhelm: 202-424-7645
Mr. Frankel: 202-424-7643

E-mail Address of Designated Agent: Mr. Wilhelm: wbwilhelm@swidlaw.com
Mr. Frankel: jsfrankel@swidlaw.com

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date,
so that it may be Readily Located in the Directory Maintained by the Copyright Office: The
Epilepsy Cure Project, October 23, 2003.

Signature of Officer or Representative of the Designating Service Provider:

_____ **Date: March 5, 2004**

Typed or Printed Name and Title: Jonathan S. Frankel, Counsel for The Epilepsy Project.

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

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