

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Exalt Youth

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

Address of Service Provider: 150 Court St. 2nd Floor Brooklyn, NY 11201

Name of Agent Designated to Receive Notification of Claimed Infringement: Sonja Okun

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): exalt / 150 Court St., 2nd Fl. / Brooklyn NY 11201

Telephone Number of Designated Agent: 718-923-1400 ext 244

Facsimile Number of Designated Agent: 718-923-2869

Email Address of Designated Agent: sonjaokun@exaltyouth.org

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 10/4/07

Typed or Printed Name and Title: Sonja Okun, Executive Director

SCANNED 10 19 - 2007

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



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