

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

Full Legal Name of Service Provider: EyeCons, LLC

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

Address of Service Provider: 1900 Avenue of the Stars, Suite 520, Los Angeles, CA 90067

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Hillary Hersch

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):
1900 Avenue of the Stars, Suite 520, Los Angeles, California 90067

Telephone Number of Designated Agent: 310-553-0900 x229

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: copyright@eyeconsthegame.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/6/16

Typed or Printed Name and Title: Hillary Hersch - Vice President

**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:
U.S. Copyright Office, Designated Agents
P.O. Box 71537
Washington, DC 20024-1537

SCANNED
JUN 04 2016

Received

MAY 12 2016

Copyright Office

SA 1-3437896328

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