

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

**Full Legal Name of Service Provider:** ez-College.com, Inc.

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

**Address of Service Provider:** 209 West Alamar Ave. Suite A, Santa Barbara,  
California 93105

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Bonnie Alexander

**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):**

209 West Alamar Ave. Suite A, Santa Barbara, California 93105

**Telephone Number of Designated Agent:** (805) 682-6363

**Facsimile Number of Designated Agent:** (805) 569-6014

**Email Address of Designated Agent:** bonnie@ez-college.com

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

**Date:** January 26, 2000

**Typed or Printed Name and Title:** Bonnie Alexander, Executive Assistant of ez-  
College.com

**RECEIVED**

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