

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

Full Legal Name of Service Provider: _____
FluTrackers.com Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): FluTrackers.com, FluTrackers.org, FluTrackers.net,
FluTrackers.info

Address of Service Provider: 1676 Hibiscus Ave. Winter Park, Florida 32789

Name of Agent Designated to Receive Notification of Claimed Infringement: Sharon Sanders

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):
1676 Hibiscus Ave. Winter Park Florida 32789

Telephone Number of Designated Agent: 407-406-3037

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: flustrackers@earthlink.net

Signature of Officer or Representative of the Designating Service Provider: _____
Date: July 29, 2010

Typed or Printed Name and Title: Sharon Sanders
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**

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Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



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