

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: HYBRID FILMS, INC

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

Address of Service Provider: 116 UNIVERSITY PLACE, 2ND FLOOR NY NY 1003

Name of Agent Designated to Receive
Notification of Claimed Infringement: DANIEL ELIAS

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): 116 UNIVERSITY PLACE, 2ND FLOOR, NY NY
10003

Telephone Number of Designated Agent: 212 228 1020 x304

Facsimile Number of Designated Agent: 212 228 1124

Email Address of Designated Agent: DANIEL@HYBRIDFILMS.TV

(SECOND E-MAIL ADDRESS: DAVID@HYBRIDFILMS.TV)

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

Typed or Printed Name and Title: PRESIDENT, HYBRID FILMS

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

SCANNED 07 28 - 2009

RECEIVED

JUL 14 2009

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