

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

Full Legal Name of Service Provider: INNERSTATE ENTERTAINMENT INC.

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

Address of Service Provider: 7 KENT CIRCLE, LINDEN, NEW JERSEY, 07036

Name of Agent Designated to Receive Notification of Claimed Infringement: MICHAEL A. SODANO

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):
7 KENT CIRCLE, LINDEN, NJ, 07036

Telephone Number of Designated Agent: MICHAEL A. SODANO

Facsimile Number of Designated Agent: N/A

Email Address of Designated Agent: MICHAEL.SODANO@INNERSTATEMOBILE.COM

Signature of Designating Service Provider: _____
Date: 04/01/2013

Typed or Printed Name and Title: MICHAEL A. SODANO
CEO/FOUNDER

**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:
**Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024**

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