

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

Full Legal Name of Service Provider: Insomniac Games, Inc.

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

Address of Service Provider: 2255 N. Ontario Street, Suite 550, Burbank, CA 91504

Name of Agent Designated to Receive Notification of Claimed Infringement: Ryan Schneider

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):
Insomniac Games, Inc., 2255 N. Ontario Street, Burbank, CA 91504

Telephone Number of Designated Agent: 818-729-2312

Facsimile Number of Designated Agent: 818-729-2442

Email Address of Designated Agent: rschneider@insomniacgames.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 07-19-2007

Typed or Printed Name and Title: Ryan Schneider, Marketing Director

SCANNED

08 10 - 2007

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



RECEIVED

**JUL 31 2007
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