Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): This griff Outline	
Address of Service Provider: PO. Box 4/15	70, melbourne FL 32941-1570
Name of Agent Designated to Receive Notification of Claimed Infringement: Scott Wilmont	
Full Address of Designated Agent to which Notion or similar designation is not acceptable except where it is the onlocation): 3270 Sunfree Blvd Ste 205	•
Melbrurne, FL 32940	
Telephone Number of Designated Agent: 40	1-254-5260
Facsimile Number of Designated Agent: 407	· · · · · · · · · · · · · · · · · · ·
Email Address of Designated Agent: Wilmon	teiol15:com
Identify the Interim Designation to be Amended, I Date, so that it may be Readily Located in the Dire Office:	by Service Provider Name and Filing ectory Maintained by the CONTINE FILING REC'D PER CO FILE
Signature Af Officer or Representative of the Design	gnating Service Provider: ate: 12/10/98
Typed or Printed Name and Title:	lmont/President

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