

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: JAKKS Pacific, Inc.

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

Address of Service Provider: 22619 Pacific Coast Highway, Suite 250, Malibu, CA 90265

Name of Agent Designated to Receive Notification of Claimed Infringement: Joel Bennett, CFO, JAKKS Pacific

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): 22619 Pacific Coast Hwy, Suite 250, Malibu CA 90265

Telephone Number of Designated Agent: 310-455-6280

Facsimile Number of Designated Agent: ~~310-455-6352~~ 310-455-6352

Email Address of Designated Agent: joelbe@jaks.net

Signature _____ Representative of the Designating Service Provider: Date: 12/23/03

Type _____ Name and Title: Joel M. Bennett, EVP/CFO

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

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