

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

Full Legal Name of Service Provider: KONAMIXT, INC

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

Address of Service Provider: 3518 FREMONT AVE NORTH #425 SEATTLE, WA 98103

Name of Agent Designated to Receive Notification of Claimed Infringement: PHIL SABIN

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):

3518 FREMONT AVE NORTH #425  
SEATTLE, WA 98103

Telephone Number of Designated Agent: 206.920.2248

Facsimile Number of Designated Agent: \_\_\_\_\_

Email Address of Designated Agent: PHIL@KONAMIXT.COM

Signature of Officer or Representative of the Designating Service Provider:

[Signature] Date: 5/23/2007

Typed or Printed Name and Title: Broad Hepta-Gamb, CEO

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



RECEIVED

MAY 30 2007  
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SCANNED 06 15-2007