

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

Full Legal Name of Service Provider: Midnight Studios, Inc.

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

Address of Service Provider: 200 Northwest Drive Round Rock, TX 78664

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Charles Normann

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):
200 Northwest Round Rock, TX 78664

Telephone Number of Designated Agent: 512-284-7478

Facsimile Number of Designated Agent: 512-614-4906

Email Address of Designated Agent: charles@midnight-studios.net

Signature of the Designating Service Provider:

Date: 12/19/11

Typed or Printed Name and Title: Charles Normann CEO

**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**



**Scanned
JAN 31 2012**

**Received
DEC 20 2011**

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