

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

Full Legal Name of Service Provider: Neucom, Inc.

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

Address of Service Provider: 412 East Madison, 10th Floor, Tampa, Florida 33602

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mark R. Dolan

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):
412 East Madison, 10th Floor, Tampa, Florida 33602

Telephone Number of Designated Agent: 813.223.3224 x 226

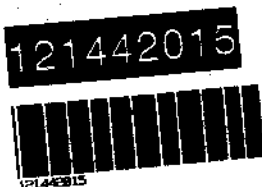
Facsimile Number of Designated Agent: 813.316.0531

Email Address of Designated Agent: mdolan@city-guide.com

S. _____ the Designating Service Provider:
Date: 7-4-01

Typed or Printed Name and Title: David G. Marshlack, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

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