

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

Full Legal Name of Service Provider: 2wrongs.com, Inc.

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

Address of Service Provider: 4001 North Fairfax Drive, Suite 275, Arlington, VA 22203

Name of Agent Designated to Receive Notification of Claimed Infringement: Thomas Bondor

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):

4001 North Fairfax Drive, Suite 275
Arlington, VA 22203

Telephone Number of Designated Agent: 703-538-1925

Facsimile Number of Designated Agent: 703-538-1927

Email Address of Designated Agent: tom@2wrongs.com

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 20 Nov 2000

Typed or Printed Name and Title: THOMAS A. BONDOR, CEO

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

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