

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

Full Legal Name of Service Provider: Paradigm Productions, Inc.

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

N/A

Address of Service Provider: 3500 E. Duway Ave. Suite-309 Des Plaines, IL 60018

Name of Agent Designated to Receive Notification of Claimed Infringement: Roseann B. Viola

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):

same as above

Telephone Number of Designated Agent: 847-768-0018 X-105

Facsimile Number of Designated Agent: 847-768-0017

Email Address of Designated Agent: roseann@paradigm-il.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 2/30/06

Typed or Printed Name and Title: ROSEANN B. VIOLA - Infringement Agent

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

SCANNED 3/16/06

RECEIVED

FEB 27 2006

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