

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

Full Legal Name of Service Provider: PHONOSCOPE EDUCATION NETWORK, INC.

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

Address of Service Provider: 6105 Westline Drive, Houston, Texas 77036

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Rhonda Druke

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):
6105 Westline Drive, Houston, Texas 77036

Telephone Number of Designated Agent: (713) 272-4600

Facsimile Number of Designated Agent: (713) 271-4334

Email Address of Designated Agent: rdruke@phonoscope.com

Signature of Officer or Representative of the Designating Service Provider:

Date: May 16, 2006

Typed or Printed Name and Title: Rhonda Druke, President

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



SCANNED 07 31-2006

