

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

**Full Legal Name of Service Provider:** Spoon Media Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Spoon University  
Spoon Media  
Spoonuniversity.com

**Address of Service Provider:** 11 West 36th Street, ~~3rd Floor~~, New York, NY 10018  
6th Fl.

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mackenzie Barth

**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):  
11 West 36th Street, ~~3rd Floor~~, New York, NY 10018  
6th Fl

**Telephone Number of Designated Agent:** N/A

**Facsimile Number of Designated Agent:** N/A

**Email Address of Designated Agent:** mackenzie@spoonuniversity.com

 **Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 9/20/16

**Typed or Printed Name and Title:** Mackenzie Barth (Chief Executive Officer)

**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](http://www.copyright.gov/docs/fees.html)**

Mail the form to:  
U.S. Copyright Office, Designated Agents  
P.O. Box 71537  
Washington, DC 20024-1537

SCANNED  
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