

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

Full Legal Name of Service Provider: Stage It Corp.

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

Address of Service Provider: 153 Townsend St. San Francisco, CA 94107

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Micah Katz

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):

1402 Dwight Way Berkeley, CA 94702

Telephone Number of Designated Agent: (310) 402-6094

Facsimile Number of Designated Agent: (310) 499-5231

Email Address of Designated Agent: Micah@stageit.com

Signature  **Representative of the Designating Service Provider:**

Date: November 17, 2010

Typed or Printed Name and Title: Micah Katz, General Counsel

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