

Interim Designation of Agent to Receive Notification  
of Claimed Infringement

Full Legal Name of Service Provider: XTRAYX, INC.

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

Address of Service Provider: 375 SOUTH END, 7K, NY, NY 10280

Name of Agent Designated to Receive Notification of Claimed Infringement: DANIEL ANDERS

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):

375 SOUTH END 7K NY NY 10280

Telephone Number of Designated Agent: 212 202 0806

Facsimile Number of Designated Agent: 419 574 6031

Email Address of Designated Agent: COPYRIGHT@XTRAYX.NET

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_  
Date: 3/14/07

Typed or Printed Name and Title: DANIEL ANDERS  
CEO

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

SCANNED 03 29 - 2007



RECEIVED

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