

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

Full Legal Name of Service Provider: _____

YAGA, INC

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

Address of Service Provider: _____

950 TOWER LANE SUITE 900
FOSTER CITY, CA 94404

Name of Agent Designated to Receive

Notification of Claimed Infringement: WILLIAM TOMASZEWSKI

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):

950 TOWER LANE, SUITE 900
FOSTER CITY CA 94404

Telephone Number of Designated Agent: _____

650-622-9666

Facsimile Number of Designated Agent: _____

650-227-0308

Email Address of Designated Agent: _____

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Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: YAGA, INC 12/13/00

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 5/16/01

Typed or Printed Name and Title: _____

WILLIAM TOMASZEWSKI
DIRECTOR LEGAL COMPLIANCE.

Note: This Amended Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

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