

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

**Full Legal Name of Service Provider:** Your Universe, L.L.C.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Dolluniverse.com, hospitaluniverse.com

**Address of Service Provider:** c/o Med-Pat, Inc., 1750 Brielle Ave., Wanamassa NJ 07712

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Sam Zagha

**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):**  
c/o Med-Pat, Inc., Bldg 6-A, 1750 Brielle Ave., Wanamassa, New Jersey 07712

**Telephone Number of Designated Agent:** 732-493-8500

**Facsimile Number of Designated Agent:** 888-963-3728

**Email Address of Designated Agent:** sam@dolluniverse.com

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

**Date:** 9/16/95

**Typed or Printed Name and Title:** Sam Zagha, Member and Manager

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

109886100



109886100

**RECEIVED**

SEP 30 1999  
COPYRIGHT OFFICE