

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

**Full Legal Name of Service Provider:** Zebra Coalition, Inc

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** Formerly doing business as Zebra Foundation for Youth, Inc

**Address of Service Provider:** 911 North Mills Avenue Orlando, FL 32803

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Zebra Coalition, Inc

**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):  
911 North Mills Avenue Orlando, FL 32803

**Telephone Number of Designated Agent:** (407) 228-1446

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

**Email Address of Designated Agent:** hwilkie@zebrayouth.org

**Signature of Officer or Designated Agent of the Designating Service Provider:**  
 Date: 8/10/16

**Typed or Printed Name and Title:** Heather Wilkie, Director

**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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