

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

Full Legal Name of Service Provider: Community Empowerment Network

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): Showcase 2.0

Address of Service Provider: PO Box 515, Bronx, NY 10463

Name of Agent Designated to Receive Notification of Claimed Infringement: Miguel Santana

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):
3064 Bailey Ave. #21, Bronx, NY 10463

Telephone Number of Designated Agent: 347 275-1339

Facsimile Number of Designated Agent: _____

Email Address of Designated Agent: info@CommunityEmpowermentnetwork.org



Signature of the Designating Service Provider: _____
Date: 6/8/15

Title: Miguel Santana, Executive 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**

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