

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

**Full Legal Name of Service Provider:** Voxel Dot Net, Inc.

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

**Address of Service Provider:** 256 Broadway, 3rd Fl, Troy, NY 12180

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Matthew Toback

**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):  
256 Broadway, 3rd Fl, Troy NY 12180

**Telephone Number of Designated Agent:** 212-812-4190

**Facsimile Number of Designated Agent:** 212-812-4195

**Email Address of Designated Agent:** abuse@voxel.net

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 08/29/2006

**Typed or Printed Name and Title:** Matthew Toback, C.O.O.

**SCANNED 09 27 - 2006**

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



**RECEIVED**

SEP 01 2006

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