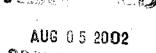
Interim Designation of Agent to Receive Notific ation of Claimed Infringement

Full Legal Name of Service Provider: Biopass Medical Systems, Inc.
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): DSL Express
Address of Service Provider: 6226 NW 84th Terrace, Parkland, FL 33067
Name of Agent Designated to Receive Notification of Claimed Infringement: Kimberly Grullon
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): 10105 W Sample Road Coral Springs, FL 33065
Telephone Number of Designated Agent: 954-757-3254
Facsimile Number of Designated Agent: 954-755-7790
Email Address of Designated Agent: abuse@dslx.net
Signature (Date:
Typed or Printed Name and Title: Jay Brussels, President
N. 4. 2014 - Interim Decienation Must be Aggemented by a \$20 Filing For

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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