Form One

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Handmade Mobile Entertainment

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

Address of Service Provider: 1530 7th St, Suite 100 Santa Monica (A 9040)
Name of Agent Designated to Receive Notification of Claimed Infringement: James Stackton
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): <u>1530</u> 7 th St, Suite 100 Sent Monice (A 90401
Telephone Number of Designated Agent: 310, 667, 6950
Facsimile Number of Designated Agent: 270,913.6890
Email Address of Designated Agent: james. Stockton Chandmademobile.com
Since $COSS = D$ tive of the Designating Service Provider: Date: $\frac{8}{7} \ge 612$
Typed or Printed Name and Title: James Stockton, (FO

Note: This Interim Designation Must be Accompanied by a \$105 Filing Fee Made Payable to the Register of Copyrights.

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