UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 91548428 - 358660 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 File 1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPA	ACE IS FOR FILING		
200501893880 01/04/2005	ł	(or recorded) in the REA Filer. attach Amendment Ad	LESTATE RECORDS	•	•
TERMINATION: Effectiveness of the Financing Statement identification. Statement	ntified above is terminated w				
ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address of affected collateral in item 8	Assignee in item 7c and name	of Assignor in item 9	<u> </u>	· · · · · · · · · · · · · · · · · · ·
4. CONTINUATION: Effectiveness of the Financing Statement in continued for the additional period provided by applicable law	dentified above with respect	to the security interest(s) of Sec	cured Party authorizing	this Continuation	n Statement is
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform.	Check one of these three bo CHANGE name and/or a item 6a or 6b, and item 7 ation Change - provide only of	ddress: Complete a or 7b and item 7c 7a or 7b	ne: Complete item , and item 7c	DELETE name: (to be deleted in it	Give record name em 6a or 6b
6a. ORGANIZATION'S NAMEAntonio's Pizza-Thayer S	treet, LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F 7a. ORGANIZATION'S NAME	Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or a	bbreviate any part of	the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	СІТҮ		STATE POSTAL C	ODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral R	L	teral A	SSIGN collateral
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	THIS AMENDMENT: Pro		ame of Assignor, if this	is an Assignmen	t)
9a. ORGANIZATION'S NAME Santander Bank, N.A. FN.			·		
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S	Sylnitial(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 0465 Debtor: Ant	tonio's Pizza-Thay	er Street, LLC	L		91548428