Ξ								
U	CC FINANCING STATEMENT AMENDMEN	IT	^					
A	E-MAIL CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFIling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: R	ک <u>ہ</u> .	$^{\circ,c_{O_{II}}}$					
B.	E-MAIL CONTACT AT FILER (optional)	CSC////						
Ļ	SPRFIlling@cscinto.com	,,0						
	GEOGRAPO SESSO	_						
ı	Corporation Service Company	1						
	801 Adlai Stevenson Drive							
	Springfield, IL 62703-4261 Filed In: R	hode Island (S.O.S.)						
	<u>L</u>	(3.0.3.)	THE ABO	VE SPAC	E IS FO	R FILING	OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 00502327050 5/13/2005	1	(or recorded) in	the REAL I	ESTATE	RECORDS	•	record] r's name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified abo Statement	ve is terminated wi	h respect to the secur	ity interest	(s) of Se	cured Part	y authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected or		Assignee in item 7c <u>an</u>	d name of	Assigno	in item 9		
4. [CONTINUATION: Effectiveness of the Financing Statement identified a		the security interest(s) of Secu	red Party	authorizin	g this Continuation	on Statement is
5	continued for the additional period provided by applicable law PARTY INFORMATION CHANGE:							
•	Check one of these two boxes: AND Check on	e of these three box						
	his Change affects Debtor or Secured Party of record item 6	NGE name and/or ad Sa or 6b; <u>and</u> item 7a	or 7b <u>and</u> item 7c	ADD name 7a or 7b, <u>a</u>	: Comple ind item 7	c tem	to be deleted in i	Give record name tem 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information Char [6a. ORGANIZATION'S NAME Insight Marketing Group Inc	nge - provide only <u>or</u>	<u>е</u> пате (6a or 6b)					
0.0								
OR	6b, INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informal Ta. ORGANIZATION'S NAMEInsight Marketing Group, Inc.	tion Change - provide on	y <u>one</u> name (7a or 7b) (use e	exact, full nam	e; do not or	mit, modify, or	abbreviate any part of	the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
7c.	I MAILING ADDRESS 545 Pawtucket Avenue #408	CITY			STATE	POSTAL		COUNTRY
		Pawtucket			RI	02860)	USA
8.		D collateral	DELETE collateral	RE	STATE o	overed coll	ateral A	SSIGN collateral
	Indicate collateral:							
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT: Pro	vide only <u>one</u> name (9a	or 9b) (na	me of Ass	signor, if thi	s is an Assignmei	nt)
ŧ	r this is an Amendment authorized by a DEBTOR, check here ☐ and provide r Sa. ORGANIZATION'S NAMESantander Bank, N.A. FNA SOV	name of authorizing						
~ -		creigh bank,	Π.Π.					
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	NAME	ı	ADDITIO	NAL NAME	(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA 0480 Debtor:Insight M	arketing Gro	up Inc					96964169