_	CC FINANCING STATEMENT AMENDMEN	IT					
A	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294]				
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		1				
Ç.	SEND ACKNOWLEDGMENT TO: (Name and Address)	40	f_{COLL}				
l	98781471 - 336040	SCILITY	T				
	Corporation Service Company 801 Adlai Stevenson Drive	•					
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com SEND ACKNOWLEDGMENT TO: (Name and Address) 98781471 - 336040 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: RI	hode Island					
l	<u>L</u>	(S.O.S.)		CE IS FOR F	FILING OFFICE USE (ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER 01008630660 05/13/2010		1b. This FINANCING STATE (or recorded) in the REA! Filer: attach Amendment Ad	L ESTATE REC	CORDS	•	
2.	TERMINATION: Effectiveness of the Financing Statement identified abort Statement	ve is terminated v					
3.	3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8						
4.	✓ CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Sec	cured Party aut	thorizing this Continuatio	n Statement is	
5.	PARTY INFORMATION CHANGE:						
	CHAN	e of these three be NGE name and/or a	iddress: CompleteADD nar	me: Complete it , and item 7c	tem DELETE name: (Give record name	
	CURRENT RECORD INFORMATION: Complete for Party Information Char			, <u>and</u> item 70	to be deleted in it		
	6a. ORGANIZATION'S NAME Inkubus LLC						
OR	5b. INDIVIDUAL'S SURNAME FIRST PERSON		AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			SUFFIX	
7.	I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, n	nodify, or abbreviate any part of	the Debtor's name)	
	7a. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX			
						00.71%	
7c.	MAILING ADDRESS	CITY		STATE PO	OSTAL CODE	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADI	D coilateral	DELETE collateral F	RESTATE cove	red collateral A	SSIGN collateral	
	Indicate collateral:						
	050405500050005000500050005000500050005						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor							
	9a. ORGANIZATION'S NAME Screen Actors Guild-American F	ederation (of Television and Rad	lio Artists			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
10.	OPTIONAL FILER REFERENCE DATA: Debtor: Inkubus LLC-20	61942		'		98781471	