UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Г				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and add (G)					
C. SEND ACKNOWLEDGMENT TO: (Name and documents) 99831281 - 336446 CSCI					
801 Adlai Stevenson Drive Filed In: Rho					
Springfield, IL 62703-4261	(S.O.S.)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201008819100 7/7/2010	1	(or recorded) in the REAL	EŞTATE I	NDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debto	•
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated wi	th respect to the security intere	st(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected col		Assignee in item 7c <u>and</u> name o	of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law	eve with respect t	to the security interest(s) of Sec	ured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			 		
	E name and/or ad	idress: Complete - ADD nar	ne: Comple		Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	e - provide anly o		and item 7	to be deleted in i	tem 6a or 6B
6a. ORGANIZATION'S NAMEA Tiger in the Dark Productions L	-LC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	n Change - provide or	ily <u>one</u> name (7a or 7b) (use exact, full na	ame; do not or	nit, modify, or abbreviate any part o	f 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
7c. MAILING ADDRESS (CITY		STATE	POSTAL CODE	COUNTRY
B. COLLATERAL CHANGE: Also check one of these four boxes: ADD of	collateral	DELETE collateral F	RESTATE c	overed collateral A	SSIGN collateral
Indicate collateral:		_		_	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment outbody of the DEPTOR, shock here.			name of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide nar 9a. ORGANIZATION'S NAMEScreen Actors Guild, Inc.	me of authorizing	Degiti			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OPTIONAL FILER REFERENCE DATA 251620					
10. OPTIONAL FILER REFERENCE DATA: 251629					99831281