UCC FINANCING STATEMENT AMEI	NDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	58-5294	1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		11/4			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
114482040 - 358660	acscill"				
Corporation Service Company 801 Adlai Stevenson Drive	Filed In: Rhode Island (S.O.S.)				
Springfield, IL 62703	Filed In: Rhode Island				
	(0.0.3.)	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 653527 06/25/1996		1b. This FINANCING S' (or recorded) in the	REAL ESTATE	ENDMENT is to be filed [for RECORDS im UCC3Ad) <u>and</u> provide Debt	•
TERMINATION: Effectiveness of the Financing Statement Statement	t identified above is terminated v	rith respect to the security i	nterest(s) of Se	cured Party authorizing this	Termination
 ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also ind 			ame of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statema continued for the additional period provided by applicable la		to the security interest(s) o	f Secured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:					
Offect offe of these two buxes.	AND Check one of these three by CHANGE name and/or a	ddress: CompleteAD	D name: Comple	te item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party In	item 6a or 6b; <u>and</u> item		or 7b, <u>and</u> item 7	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMED P'S CASTING COM					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	ent or Party Information Change - provide	inly one name (7a or 7b) (use exact	, full name; do not or	nit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME	<u>, , , , , , , , , , , , , , , , , , , </u>				
76. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL STEINST PENSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
/c. MAILING ADDRESS	СПҮ		STATE	POSTAL CODE	COUNTRY
					ASSIGN collateral
COLLATERAL CHANGE: No short on of the change	A DD polletoral	DCI CTC colleteral	LOCCTATE -		
COLLATERAL CHANGE: Also check one of these four bo Indicate collateral:	exes: ADD collateral	DELETE collateral	RESTATE o	overed collateral	
	oxes: ADD collateral	DELETE collateral	RESTATE C	overed collateral	
	xes: ADD collateral	DELETE collateral	RESTATE C	overed conlateral	
	oxes: ADD collateral	DELETE collateral	L RESTATE €	overed collateral	
	xes: ADD collateral	DELETE collateral	RESTATE c	overed collateral	
Indicate collateral:					
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: P	rovide only <u>one</u> name (9a or g Debtor			
Indicate collateral: 3. NAME OF SECURED PARTY OF RECORD AUTHORIZ	ZING THIS AMENDMENT: P	rovide only <u>one</u> name (9a or g Debtor			
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: P	rovide only <u>one</u> name (9a or g Debtor (9b) (name of As:		