	•						
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS							
A	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		1				
В	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com						
C	SEND ACKNOWLEDGMENT TO: (Name and Address)	•	1				
	116481638 - 351690	\neg					
l	Corporation Service Company	J	Ì				
ı	801 Adlai Stevenson Drive						
ķ.		hode Island (S.O.S.)					
Ľ	lingacks@cscinfo.com		THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER 00603766280 6/20/2006		(or recorded) in the REA	L ESTATE	ENDMENT is to be filed (for RECORDS rm UCC3Ad) <u>and</u> provide Debt	•	
2.	TERMINATION: Effectiveness of the Financing Statement identified abort Statement	ve is terminated v					
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 above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law							
5.	5. PARTY INFORMATION CHANGE:						
	Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete itemDELETE name: Give record name						
	This Change affects Debtor or Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)						
U.	6a. ORGANIZATION'S NAME Charlie Banks L.P.						
OR							
	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	tion Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full n	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	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral [DELETE collateral	RESTATE o	overed collateral A	SSIGN collateral	
	Indicate collateral:						
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)							
	this is an Amendment authorized by a DEBTOR, check here and provide n 9a. ORGANIZATION'S NAMEWriters Guild of America, West,	ame of authorizing	g Debtor	<u></u>			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX	
					.,	007774	
10,	OPTIONAL FILER REFERENCE DATA:RI - Debtor= Charlie Ba	anks L.P	The Education of Cha	arlie Ba	nks	116481638	