· · · · · · · · · · · · · · · · · · ·				
UCC FINANCING STATEMENT AME	ENDMENT			
FOLLOWINSTRUCTIONS		-		
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-	858-5294			
B. E-MAIL CONTACT AT FILER (optional)	COLL	1		
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Addres)	* · * (0,000	4		
1235 20110	s) Filed In: Rhode Island (S.O.S.)			
Prepared By:)			
Corporation Service Company 801 Adlai Stevenson Drive	Filed In: Rhode Island			
Springfield, IL 62703-4261	(S.O.S.)			
1a. INITIAL FINANCING STATEMENT FILE NUMBER			E IS FOR FILING OFFICE USE ENT AMENDMENT is to be filed [fo	
201110667390 12/22/2011		(or recorded) in the REAL E Filer: <u>attach</u> Amendment Adder	STATE RECORDS ndum (Form UCC3Ad) <u>and</u> provide Det	tor's name in item 13
TERMINATION: Effectiveness of the Financing Statement	ent identified above is terminated	with respect to the security interest(s) of Secured Party authorizing th	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assigne	ee in item 7a or 7b, <u>and</u> address o	of Assignee in item 7c and name of A	Assignor in item 9	
For partial assignment, complete items 7 and 9 and also it 4. CONTINUATION: Effectiveness of the Financing States			od Darty authorising this Continue	N C1-11 in
continued for the additional period provided by applicable	law	t to the security interest(s) of Securi	ed Faity authorizing this Continua	uon Statement is
5. PARTY INFORMATION CHANGE:	AND Check one of these three b	oves to:		
Check <u>one</u> of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	address: CompleteADD name:	Complete item DELETE name	: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party				TROM OU OF OD
6a. ORGANIZATION'S NAME Moonrise LLC				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME A	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assigni	ment or Porty information Change provide	anh ana anna (Ta ar 7h) (usa ayart full nama	and a sea a se	
7a. ORGANIZATION'S NAME	nont of Fary anomation Change - provide	uniy <u>one</u> name (7a or 7b) (use exact, full flame	, uo not orini, modily, or appreviate any part	of the Deptor's name)
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		F 41		SUFFIX
7c. MAILING ADDRESS	Lorn	10	1000	
C. MAILING ADDRESS	CITY	Į\$	TATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four b	ooxes: ADD collateral	DELETE collateral RES	STATE covered collateral	ASSIGN collateral
Indicate collateral:	_			
9. NAME OF SECURED PARTY OF RECORD AUTHOR			ne of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here 9a ORGANIZATION'S NAMEWriters Guild of Amel	and provide name of authorizing			
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA::RI - Moonri	se Kingdom			4005.00411
	-			1235 20110