

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------|----------------------------------|-------------------------------|--------|
| <b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br>Corporation Service Company 1-800-858-5294                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>B E-MAIL CONTACT AT FILER (optional)</b><br>SPRFiling@cscinfo.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>C SEND ACKNOWLEDGMENT TO (Name and Address)</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           1423 63004<br/>           Corporation Service Company<br/>           801 Adlai Stevenson Drive<br/>           Springfield, IL 62703         </div> <div style="width: 35%; text-align: right;">           Filed In: Rhode Island<br/>           (S.O.S.)         </div> </div>                                                                                                                                                                                                                                       |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>1a INITIAL FINANCING STATEMENT FILE NUMBER</b><br>023421 07/09/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                               | <b>1b</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS<br><small>File <input type="checkbox"/> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small> |                    |                         |                                  |                               |        |
| <b>2</b> <input type="checkbox"/> <b>TERMINATION</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>3</b> <input type="checkbox"/> <b>ASSIGNMENT</b> (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<br><small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>4</b> <input checked="" type="checkbox"/> <b>CONTINUATION</b> 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                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>5</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE</b><br>Check <u>one</u> of these two boxes <span style="margin-left: 50px;">AND Check <u>one</u> of these three boxes to</span><br>This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><input type="checkbox"/> CHANGE name and/or address Complete item 6a or 6b and item 7a or 7b and item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name Complete item 7a or 7b, and item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> DELETE name Give record name to be deleted in item 6a or 6b</span> |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>6 CURRENT RECORD INFORMATION</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| 6a ORGANIZATION'S NAME <b>Ambient Sound Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| OR<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">6b INDIVIDUAL'S SURNAME</td> <td style="width: 20%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td> <td style="width: 20%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 20%; border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>                                                                                                                                                                                                                                                                               |                                  |                               |                                                                                                                                                                                                                                                                  |                    | 6b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME              | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 6b INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PERSONAL NAME              | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                                                                                                                                                                                                                                           |                    |                         |                                  |                               |        |
| <b>7 CHANGED OR ADDED INFORMATION</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| 7a ORGANIZATION'S NAME <b>AMBIENT SOUND INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
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| 7b INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INDIVIDUAL'S FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                                                                                                                                                                                                                                                           |                    |                         |                                  |                               |        |
| 7c MAILING ADDRESS <b>75 NEW ENGLAND WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| CITY <b>WARWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | STATE <b>RI</b>               | POSTAL CODE <b>02886</b>                                                                                                                                                                                                                                         | COUNTRY <b>USA</b> |                         |                                  |                               |        |
| <b>8</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also check <u>one</u> of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral<br><small>Indicate collateral</small>                                                                                                                                                                                                                                                                                                                                                                         |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| <b>9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br><small>if this is an Amendment authorized by a DEBTOR check here <input type="checkbox"/> and provide name of authorizing Debtor</small>                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
| 9a ORGANIZATION'S NAME <b>Citizens Bank, N.A. formerly known as RBS Citizens, N.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |
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| <b>10 OPTIONAL FILER REFERENCE DATA</b> Debtor: Ambient Sound Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                               |                                                                                                                                                                                                                                                                  |                    |                         |                                  |                               |        |

1423 63004