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	CC FINANCING STATEMENT AMENDMENT LLOW INSTRUCTIONS							
A , I	NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141]					
	E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	_						
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 32774 - SAG-	AFTRA						
	Lien Solutions 63274 P.O. Box 29071 Glendale, CA 91209-9071 RIRI	316						
	TAIN	ı						
Ľ	File with: Secretary of State, RI		1	CE IS FOR FILING OFFICE US				
	NITIAL FINANCING STATEMENT FILE NUMBER 1312646940 6/19/2013 SS RI		(or recorded) in the REAL	MENT AMENDMENT is to be filed (for LESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Debto	•			
2. [TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 							
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. 🛭	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. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to:							
	CHANGE name and/or address. Complete This Change affects. Debtor or Secured Party of record tem 6a or 6b, end item 7a or 7b and item 7c CHANGE name and/or address. Complete ADD name Complete item DELETE name Give record name This Change affects. Debtor or Secured Party of record.							
6. C	URRENT RECORD INFORMATION: Complete for Party Information Change -	provide only <u>one</u>	name (6a or 6b)					
	68. ORGANIZATION'S NAME A BET'S A BET LLC							
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chi	Inge - provide only (one name (7s or 7b) (use exect, full name;	do not omit, modify, or abbreviate any part of the	Debtor's name)			
	7. ORGANIZATION'S NAME							
OR	76. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)MITTAL(S)				SUFFIX			
7c. i	MAILING ADDRESS	CITY	_ 	STATE POSTAL CODE	COUNTRY			
8. [COLLATERAL CHANGE: Also check one of these four boxes:	collateral	DELETE collateral R	RESTATE covered collateral	ASSIGN collateral			
	Indicate collateral:							
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME this is an Amendment authorized by a DEBTOR, check here \(\bigcap\) and provide n	NDMENT: Propagation of authorizing		ame of Assignor, if this is an Assignme	nt)			
	93. ORGANIZATION'S NAME SCREEN ACTORS GUILD-AMERICAN FEDERATION	OF TELEVI	SION AND RADIO ARTI	ISTS				
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSONA	NL NAME	ADDITIONAL NAME(SYNITIAL(S)	SUFFIX			
10.0	OPTIONAL FILER REFERENCE DATA: Debtor Name: A BET'S A BET	LIC	<u> </u>	<u>. </u>	1			
	74316			356507 A Bet's A Bet	t			

RI SOS Filing Number: 201819363700 Date: 3/29/2018 11:50:00 AM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201312646940 6/19/2013 SS RI 12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS OR 126 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(SYINITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a ORGANIZATION'S NAME A BETS A BET LLC OR FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX 13b. INDIVIDUAL'S SURNAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): **Debtor Name and Address:** A BET'S A BET LLC - 214 MAIN STREET, EAST GREENWICH, RI 02818 Secured Party Name and Address: SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS - 360 MADISON AVENUE, 12TH FLOOR, NEW **YORK, NY 10017** 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

356507 A Bet's A Bet

SCREEN ACTORS GUILD-AMERICAN File with: Secretary of State, RI

18. MISCELLANEOUS: 63274316-RHO 32774 - SAG-AFTRA