UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. BOX 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **A THOUSAND SUNS, LLC**

Mailing Address: **51 ADELPHI AVENUE**

City, State Zip Country: **PROVIDENCE, RI 02906 USA**

SECURED PARTY INFORMATION

Org. Name: **SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS**

Mailing Address: **5757 WILSHIRE BLVD., 7TH FLOOR**

City, State Zip Country: **LOS ANGELES, CA 90036 USA**

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-72598674-58110381

COLLATERAL

AS SECURITY FOR THE PROMPT AND COMPLETE PAYMENT AND PERFORMANCE WHEN DUE OF ALL OBLIGATIONS OF DEBTOR(S) TO SECURED PARTY UNDER THE SECURITY AGREEMENT, DEBTOR(S) GRANTS TO SECURED PARTY A CONTINUING SECURITY INTEREST IN ALL PERSONAL AND INTELLECTUAL PROPERTY OF DEBTOR IN CONNECTION WITH THE MOTION PICTURE CURRENTLY ENTITLED "SPINE OF NIGHT" (THE "PICTURE").