

UCC-1 Form

FILER INFORMATION

Full name:

Email Contact at Filer: PKRIFF@PSH.COM

SEND ACKNOWLEDGEMENT TO

Contact name: PARTRIDGE SNOW & HAHN LLP

Mailing Address: 30 FEDERAL STREET

City, State Zip Country: BOSTON, MA 02110 USA

DEBTOR INFORMATION

Org. Name: ISLAND CINEMAS 10 LLC

Mailing Address: 55 CAMBRIDGE PARKWAY, SUITE 200

City, State Zip Country: CAMBRIDGE, MA 02142 USA

SECURED PARTY INFORMATION

Org. Name: DIVERSIFIED CREDIT EXTENSION TRUST

Mailing Address: 55 CAMBRIDGE PARKWAY, SUITE 200

City, State Zip Country: CAMBRIDGE, MA 02142 USA

TRANSACTION TYPE: STANDARD

COLLATERAL

THE COLLATERAL ON THE ATTACHED EXHIBIT A.

EXHIBIT A

<u>Quantity</u>	<u>Part/Description</u>
9	NEC Digital Projection System
9	Strong Digital Projection Base
9	GDC Digital Cinema Server
10	Strong LMS Server Package