UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33676

		20030605000350160 Pg Shelby Cnty Judge of 06/05/2003 13:10:00 F	1/1 .00
UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Fox Alarm Co., Inc.			
126 Brooklane DR.			
Hueytown, Al. 35023	3		
Linuagiani			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE 1b. This FINANCING STATEM	
2 OTERMINATION: Effectiveness of the Financine Statement identified at		to be filed [for record] (or in REAL ESTATE RECORDS	recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified at 3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	d above with respect to security interest(s) of	the Secured Party authorizing this Tern ured Party authorizing this Continuation	nination Statement. In Statement is
continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	<u> </u>	<u> </u>
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Please refer to the detailed instructions in seconds to changing the page (address).	on in items 6 and/or 7. DELETE name: Give record name	ADD name: Complete item 7	7a or 7b, and also
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	item 7c; also complete items	7e-7g (if applicable).
BOY AND M. Ton			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	LUE5		
7a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	<u> </u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	nv
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated coll	lateral description, or describe collateral assigne	od.	
	Shelbu	Countu	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	MENDMENT (name of assignor, if this is an Assigna	ant) If this is an Amandana-A	ed by a Debtor which
9a. ORGANIZATION'S NAME	Jo Broklane De.	Hueutown, Al	35023
		MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERENCE DATA			