NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

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

| | | 20040224000095440 Pg Shelby Cnty Judge of 02/24/2004 14:07:00 | Probate, AL |
|--|---|--|---|
| UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT 511 5P3 (actional) | 1 T | | |
| A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) A 1990500 20 South 20 Str. B'ham, A19 350 | 295 | | |
| 1a. INITIAL FINANCING STATEMENT FILE# | THE ABOVE SP | 1b. This FINANCING STATEMEN | T AMENDMENT is |
| TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and | ove with respect to security interest(s) of the Secure address of assignee in item 7c; and also give name o | d Party authorizing this Continuation S f assignor in item 9. | tion Statement. |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Dealer Also check one of the following three boxes and provide appropriate information in | | <u>one</u> of these two boxes. | |
| CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | so give new DELETE name: Give record nan e) in item 7c. to be deleted in item 6a or 6b. | ne ADD name: Complete item 7 item 7c; also complete items | a or 7b, and also 7d-7g (if applicable). |
| OR 6b. INDIVIDUACS LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS 2 Wilderness 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION OPERANIZATION OPERA | CITY Pelham 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE 4/ 35/24 7g. ORGANIZATIONAL ID #, if any | COUNTRY |
| ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. | | | NONE |
| Describe collateral deleted or added, or give entire restated collateral | eral description, or describe collateral assigned. | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized | IENDMENT (name of assignor, if this is an Assignment by a Debtor, check here and enter name of DEI | ent). If this is an Amendment authorized BTOR authorizing this Amendment. | by a Debtor which |
| 9a. ORGANIZATIONS NAME (A) (A) (A) (A) (B) | | | |
| OR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 10, OPTIONAL FILER REFERENCE DATA | | | |