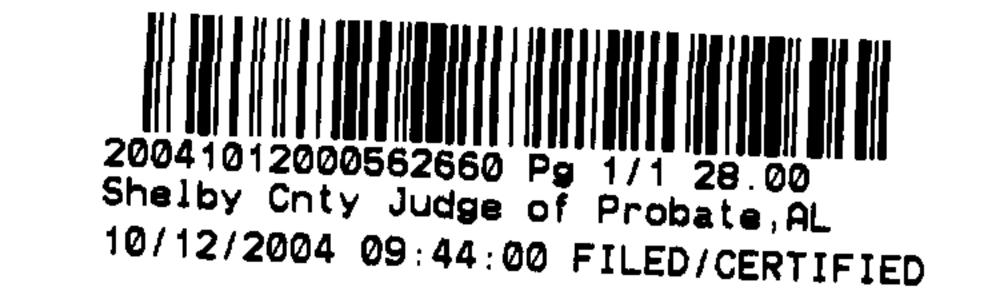
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JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
ESTHER MOSZKOWICZ 404 377 5700			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ATTN: ESTHER MOSZKOWICZ, LEGAL DEP	T. 1		
HUDDLE HOUSE, INC.			
2969 E. PONCE DE LEON AVE.			
DECATUR, GA 30030 9900			
4	#468		
		OVE SPACE IS FOR FILING OFFICE I	ISE ONI V
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
2000-02970 (FILED 1-31	1-2000)	to be filed [for record] (or record) REAL ESTATE RECORDS	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interes		
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the	ne Secured Party authorizing this Continuatio	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also gi	ve name of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects D	Debtor or Secured Party of record. Ch	eck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	lso give new DELETE name: Give in item 6.		
. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
ASSOCIATE FOODS, INC.		Thurst end of	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATIO	7g. ORGANIZATIONAL ID #, if a	any
ORGANIZATION DEBTOR			NON
. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral	assigned.	
			-
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME		Assignment). If this is an Amendment authorime of DEBTOR authorizing this Amendment.	-
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME			-
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME HUDDLE HOUSE, INC.	d by a Debtor, check here and enter na	me of DEBTOR authorizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME HUDDLE HOUSE, INC.			-
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME HUDDLE HOUSE, INC.	d by a Debtor, check here and enter na	me of DEBTOR authorizing this Amendment.	