

# UNIFORM COMMERCIAL CODE — FINANCING STATEMENT CHANGE — FORM N-UCC-2

This STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

**IMPORTANT:**

Read instructions on back before filling out form.

Receipt No. \_\_\_\_\_

1. File No. of Orig. Financing Statement <b>206740 Bk789 Pg1550</b>	1A. Date of Filing of Orig. Financing Statement <b>July 18, 1989</b>	1B. Date of Orig. Financing Statement	1C. Place of Filing Orig. Financing Statement <b>Douglas Co, NV</b>
2. DEBTOR (As Appears on Original Financing Statement) (ONE NAME ONLY) <input checked="" type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) <b>Regency Communications Limited Partnership</b>			2A. SOCIAL SECURITY OR FEDERAL TAX NO.
2B. MAILING ADDRESS (As Appears on Original Financing Statement) <b>4839 East Greenway, Suite 237</b>		2C. CITY, STATE <b>Scottsdale, AZ</b>	2D. ZIP CODE <b>85254</b>
3. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			3A. SOCIAL SECURITY OR FEDERAL TAX NO.
3B. MAILING ADDRESS		3C. CITY, STATE	3D. ZIP CODE
4. ADDITIONAL DEBTOR (If Any) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)			4A. SOCIAL SECURITY OR FEDERAL TAX NO.
4B. MAILING ADDRESS		4C. CITY, STATE	4D. ZIP CODE
5. SECURED PARTY NAME <b>National Westminster Bank USA</b> MAILING ADDRESS <b>175 Water Street</b> CITY <b>New York</b> STATE <b>NY</b> ZIP CODE <b>10038</b>			5A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO
6. ASSIGNEE OF SECURED PARTY (If Any) NAME MAILING ADDRESS CITY STATE ZIP CODE			6A. SOCIAL SECURITY NO FEDERAL TAX NO OR BANK TRANSIT AND A B A NO

7. A.  CONTINUATION—The original Financing Statement between the foregoing Debtor and Secured Party bearing the file number and date shown above is continued. If collateral is crops or timber, fixtures, or oil, gas or minerals check here  and insert description of real property on which growing or to be grown or to which affixed or to be affixed or from which to be extracted in Item 8 below. If crops or fixtures, also insert name of record owner of real estate. Effective only if submitted within 6 months prior to expiration date.
- B.  RELEASE—From the collateral described in the Financing Statement bearing the file number shown above, the Secured Party releases the collateral described in Item 8 below. Release does not terminate debt.
- C.  ASSIGNMENT—The Secured Party certifies that the Secured Party has assigned to the Assignee above named, all or part of the Secured Party's rights under the Financing Statement bearing the file number shown above in the collateral described in Item 8 below.
- D.  TERMINATION—The Secured Party certifies that the Secured Party no longer claims a security interest under the Financing Statement bearing the file number shown above.
- E.  AMENDMENT—The Financing Statement bearing the file number shown above is amended as set forth in Item 8 below. (Signature of Debtor(s) and Secured Party(ies) required on all amendments.)

8. PLEASE RETURN TO:  
**INTERCOUNTY CLEARANCE CORP.**  
**105 CHAMBERS STREET**  
**NEW YORK, NY 10007**

*Douglas NV*  
*4054-L*  
*3346570*

9. (Date) 8/9 19 93

By \_\_\_\_\_ (TITLE)  
 SIGNATURE(S) OF DEBTOR(S)  
**National Westminster Bank USA**

By \_\_\_\_\_ (TITLE)  
 SIGNATURE(S) OF SECURED PARTY(IES)  
**FERNANDO VIANA VICE PRESIDENT**

11. PLEASE RETURN TO:  
**INTERCOUNTY CLEARANCE CORP.**  
**105 CHAMBERS STREET**  
**NEW YORK, N.Y. 10007**

NAME ADDRESS CITY, STATE AND ZIP

Trust Account Number (If Applicable)

10. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

**REQUESTED BY**  
*Intercounty Clearance Corp.*  
**IN OFFICIAL RECORDS OF**  
**DOUGLAS CO., NEVADA**

**93 AUG 25 P1:56**

**SUZANNE BEAUDREAU**  
 RECORDER  
*\$10.00 PAID* DEPUTY

YELLOW—Alphabetical; PINK—Acknowledgement, GREEN—Secured Party; BLUE—Debtor.

THIS SPACE FOR USE OF FILING OFFICER

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