

UCC APPROVAL SHEET

** KEEP WITH DOCUMENT **

TRANSACTION TYPE **FEES REMITTED**

_____	UO - Original Financing Statement	\$25.00
_____	UOA - Original Financing Statement	
<u> </u>	with assignment	\$25.00
<u> </u>	UOTU - Original Financing Statement	
_____	Transmitting Utility	\$25.00
_____	UMA - Amendment	\$25.00
_____	UMDA - Amendment - Debtor Added	\$25.00
_____	UMDC - Amendment -	
_____	Debtor Name Change	\$25.00
_____	UMDD - Amendment - Debtor Deleted	\$25.00
_____	UMSA - Amendment -	
_____	Secured Party Added	\$25.00
_____	UMSC - Amendment -	
_____	Secured Party Name Change	\$25.00
_____	UMSD - Amendment -	
_____	Secured Party Deleted	\$25.00
_____	UMC - Amendment - Continuation	\$25.00
_____	UMT - Amendment - Termination	\$25.00
_____	UMZ - Amendment - Assignment	\$25.00
_____	UMZP - Amendment -	
_____	Partial Assignment	\$25.00
_____	UMCS - Amendment -	
_____	Correction Statement	\$25.00
_____	UOMH - Manufactured Home -	
_____	Original Financing Statement	\$25.00
_____	UOPF - Public Finance -	
_____	Original Financing Statement	\$25.00
_____	Documents Nine (9) Pages or More	\$75.00
_____	Certified Copies	
_____	Plain Copies	

TOTAL FEES:



RECORDED ON 11/01/2010 AT 10:19 AM
 IN THE FINANCING RECORDS OF THE MD. ST.
 DEPARTMENT OF ASSESSMENTS AND TAXATION.
 WO # 0003718267 ACK # 1000362000790107
 ORIGINAL FILE NUMBER: 0000000181407183
 PAGES: 0003

OTHER CHANGES:

Code _____

Attention: _____

DARLENE MARIE LONG
 4164 RIVER BANK WAY
 PORT CHARLOTTE FL 33980

NO FEE TRANSACTION TYPES

- _____ URC - Copies
- _____ UNCP - Void - Non-Payment
- _____ UCC - Cancellation
- _____ UCR - Reinstatement
- _____ UCO - Departmental Action
- _____ UCREF - Refund Recordation Tax
- _____ UCIS - Incorrect ID Number
- _____ XOVRU - UCC Overrides
- _____ UMFC - Filing Office Correction Statement

Method of Payment:

Cash Check Credit Card

Number of Checks

Comments(s):

Stamp work order and customer number here
 CUST ID: 0002501687
 WORK ORDER: 0003718267
 DATE: 11-03-2010 12:52 PM
 AMT. PAID: \$25.00

RECEIVED
 2010 NOV - 1 A 10:19
 DEPARTMENT
 OF ASSESSMENTS
 & TAXATION

UCC FINANCING STATEMENT

3 UOT4

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Darlene Marie Decinti
 Non-Domestic
 c/o 4164 River Bank Way
 Port Charlotte, Florida 33980

CUST ID: 0002501687
 WORK ORDER: 0003718267
 DATE: 11-03-2010 12:52 PM
 AMT. PAID: \$25.00

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abt

1a. ORGANIZATION'S NAME
UNITED STATES GOVERNMENT

OR
 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1500 PENNSYLVANIA AVENUE NW WASHINGTON DC 20220 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
CORPORATION FEDERAL NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME
STATE OF MARYLAND

OR
 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
100 STATE CIRCLE ANNAPOLIS MD 21401-1925 USA

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
CORPORATION FEDERAL NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR
 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
LONG DARLENE MARIE

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1464 MARKET CIRCLE PORT CHARLOTTE FL 33953 USA

4. This FINANCING STATEMENT covers the following collateral:

The Agent, Darlene Marie Long, aka Darlene Marie Decinti, a living soul, hereby secures and claims for and on behalf of the SECURED PARTY, all of the following: Exclusive rights, interest and title in all hospital, city, county, state, federal and international birth certificates, and the pledge represented by same, but not limited to pignus, hypotheca, hereditaments, res, the energy and the products derived therefrom, including, but not limited to the fiction or corporation, DARLENE MARIE LONG AKA DARLENE MARIE DECINTI; DARLENE M LONG Aka DARLENE M DECINTI or any variation thereof; STATE OF MARYLAND CERTIFICATE OF LIVE BIRTH File No. and register No. 0877783 and all subsequent numbers nunc pro tunc; All signatures, contracts, licenses, accounts, general intangibles, stocks, bonds, notes, chattel paper, insurance, and proceeds of sale or lease thereof and proceeds of proceeds; All registered properties and assets obtained using SECURED PARTY'S name or any variation thereof and affiliated SSN as stated in Security Agreement No. 1974397 filed in Charlotte County, Florida on October 28, 2010, hereby liened at \$100,000,000. Included is Copyright Instrument No. 1970394 and POA Instrument No. 1970396. This filing is made in accordance with HJR 192

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

EG 196702822 US

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME
UNITED STATES GOVERNMENT

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 11a. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

16. Additional collateral description:

Continued from UCC-1, page 1 for DARLENE MARIE LONG as SECURED PARTY.

SECURED PARTY is a transmitting utility and declares all property is accepted for value and exempt from levy. This filing is per Public Policy HJR 192, 73rd Congress, 1st Session of June 5, 1933.

This filing is sent by USPS on October 29, 2010.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.
 Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.
 Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction — effective 30 years
 Filed in connection with a Public-Finance Transaction — effective 30 years

EG 196702822 WS