Please complete in typescript, or in bold black capitals CHWP000

## **APPOINTMENT** of director or secretary

(NOT for resignation (use Form 288b) or change

CHYVFOOD		oi particulars (use Form 2000))		
Company Number Company Name in full		02600715		
		ODYSSEY VIDEO LIMITED		
Appointment form  Notes on completio appear on reverse	Forename(s) Surname Previous	Day Month Year  0 1 1 0 2 0 0 7  as secretary  MR  IVOR WARREN  YOUNG	†Date of Birth  Please mar as a director  *Honours etc  Previous	Day Month Year  I I I I I I I I I I I I I I I I I I I
	Forename(s) <b>Usual residential</b> address	Surname(s)  19 EVERSLEY CRESCENT		
Post town		LONDON	Postcode	N21 1EL
	County / Region		Country	
	†Nationality	†Bu	siness occupation	
†Other directorships (additional space overleaf)		I consent to act as ** director / secretary / of the above named company		
* Voluntary details † Directors only **Delete as appropria	Consent signature	1/2	Date	OCT 17 2007
	s Signed	A director, secretary etc must s	gn the form below	v. OCT 17 Zero 7
telephone number	e name, address, per and if available and Exchange of ipanies House should s any query	CARTWRIGHTS HEGENCY HOUSE 33 WOOD STREET BARNET, HERTS EN5 4BE TEL: 020e8441 1731 FAX: 920 8441 2456 DX number  DX exchange		
		When you have completed and signed the form please send it to the		



23/10/2007 COMPANIES HOUSE 262

Registrar of Companies at.

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh