

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

3121578	
SCI ENTERTAINMENT GROUP PLC	

Company name in full	SCI ENTERTAINMENT GROUP PLC				
Shares allotted (including bonus shares):					
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 0 7 1 1 2 0 0 6				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	500000				
Nominal value of each share	£0.05				
Amount (if any) paid or due on each share (including any share premium)	£3.00				
List the names and addresses of the allottees and the number of shares allotted to each overleaf					
If the allotted shares are fully or partly paid up otherwise than in cash please state:					
% that each share is to be treated as paid up					
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)					



the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively)

Name KBC PEEL HUNT LTD		Shares and share	Shares and share class allotted	
		Class of shares allotted	Number allotted	
Address PARTICIPANT ID 871 MEMBER ACCO	UNT PMPRINC	ORDINARY	500,000	
111 OLD BROAD STREET, LONDON				
UK Pos	tcode E C 2 N 1 P	Ц		
Name		Class of shares allotted	Number allotted	
Address				
			L	
UK Pos	tcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode			
Name		Class of shares allotted	Number allotted	
Address				
			<u> </u>	
UK Pos	tcode		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	tcode			
Please enter the number of continuat	ion sheets (if any) attached	to this form	• • • • • • • • • • • • • • • • • • • •	
X M		Date 20/11/06		
Signed / / / / / / / / / / / / / / / / / / /	nistrative receiver /-receiver manage	•	delete as appropriate	
Please give the name, address, elephone number and, if available,				
a DX number and Exchange of the person Companies House should				
contact if there is any query.		Tel		
	DX number	DX exchange		