

Return of Allotment of Shares

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

Company Number	03584777			
Company name in full	INTROVISION LIMITED			
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 O 3 1 0 2 0 0 8			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	32			
Nominal value of each share	1.00			
Amount (if any) paid or due on each share (including any share premium)	ch 1.00			
List the names and addresses of th	ne 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	100%			
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)	Sale of bronas			
	When you have completed and signed the form send it to the Registrar of Companies at:			

A04

02/04/2009 COMPANIES HOUSE

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

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

DX 235 **Edinburgh**

DX 33050 Cardiff

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

Shareholder details		Shares and share class allotted	
Name FRANCES WARTLEY Address	I	Class of shares allotted	Number allotted
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HARPENDEN, HERT			L
	tcode ALS_ 4BQ		
Name	, , , , , , , , , , , , , , , , , , , ,	Class of shares allotted	Number allotted
Address		-	
Name	tcode	Class of shares	Number
<u> </u>		allotted	allotted
Address			<u> </u>
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		-	
		_	
UK Pos	tcode ᆫᆫᆫᆫ		
Name		Class of shares allotted	Number allotted
Address	·	-	
			L
UK Pos	tcode		<u> </u>
Please enter the number of continuati	ion sheets (if any) attached to this	form	
Signed	D	ate	
A director / secretary / administrator / admin		• •	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	