

88(2)

Return of Allotment of Shares

From

Please complete in typescript,
or in bold black capitals.
01/50040

CHFP010

Company Number

Com	nanv	Name	in	ful
QUILL	Pally	HAILIG		IUI

3617464			. '	
SHED PRODUCTIONS	LIMITED			
		<u> </u>		

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)

Class of shares

(ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

TTOIT		
Day	Month	Year
0 1	0 9	2 0 0 1

ORDINARY	i	
900		
£1.00		
£1.00		

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)

,				
1				
100%	^			
, OO 9,	ال			

Share for share exchange as per agreements dated 1/9/01



When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 Edinburgh

Shareholder details Shares and share class allo				
Name Maureen CHADWICK	Class of shares allotted Number allot	225		
Address 23 Hillier Road, London				
UK postcode SW11 6AX				
Name Eileen GALLAGHER	Class of shares allotted Number allot	225		
Address 69 Gibson Square, London				
UK postcode N1 ORA				
Name Ann McMANUS	Class of shares allotted Number allot	tted 225		
Address 69 Gibson Square, London				
UK postcode N1 ORA				
Name Brian PARK	Class of shares allotted Number allo	tted 225		
Address 77 Theberton Street, London				
UK postcode N1 00Y				
	ntinuation sheets (if any) attached to this form Date 19 - 11 -	01		
	trative receiver / receiver - manager / receiver			
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query	dompany secretarial bepartment, if w risher a co.,			
should contact if there is any query.	Tel 020 7388 7000			
Blueprint	DX number DX exchange Ref : \$1305			