

for the record

Return of Allotment of Shares

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

Company Nu	mbei
------------	------

-

Company name in full	Best Beat 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 Day Month Year 0 1 0 5 2 0 0 3	To Day Month Year			
Class of shares (ordinary or preference etc)	Ordinary				
Number allotted	8				
Nominal value of each share	£1.00				
Amount (if any) paid or due on each share (including any share premium)	£1.00				
List the names and addresses of the	he allottees and the number of shares allo	tted to each overleaf			
If the allotted shares are fully	or partly paid up otherwise than in	n 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)					

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



A30 COMPANIES HOUSE

03/07/03

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)

Shareholder	details	Shares an	d share	class allotted
Name Sean Robinson		Class of sl allotted	1	Number allotted
Address The Old Cottage, Potters Lane, Send,	Surrey	£1.00		8
L		_		
UK F	Postcode G U 2 3 7 J T	Ĺ		1
Name		Class of sl allotted		Number allotted
Address				
				£
UK F	Postcode ∟∟∟∟ ∟∟∟	L		
Name		Class of s		Number allotted
Address				
				L
UK F	Postcode LLLLLL			
Name		Class of sh allotted		Number allotted
Address				L
UKF	Postcode にににに			L
Name		Class of st		Number allotted
Address		- allotted		anotted
				L
UKE	Postcode LLLLLL			
Please enter the number of continu	uation sheets (if any) attached to this	s form	0	
gned AMM		Date /- 65	-200	<u> </u>
A director / secreta ry / administrator / adm	dministrative receiver / receiver manager / rec	ceiver	Please	delete as appropriate
lease give the name, address,	Silver Levene, 37 Warren	Street. Londor		
lephone number and, if available, DX number and Exchange of the	W1T 6AD			
erson Companies House should	7711 0715			

DX number

DX exchange