

for the second

Return of Allotment of Shares

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

Company Number

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NEOBRAND - LIMITED	

Company name in full	NEOBRAND - LIMITED							
Shares allotted (including bonus shares):								
	From	То						
Date or period during which shares were allotted	Day Month Year	Day Month Year						
(If shares were allotted on one date enter that date in the "from" box)	1130142101016							
Class of shares (ordinary or preference etc)	ORDINARY							
Number allotted	ONG							
Nominal value of each share	ONEPOUND							
Amount (if any) paid or due on each share (including any share premium)	ONE POUND							
List the names and addresses of the	e allottees and the number of shares allo	tted 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)								

726 20/04/2007

Form Revised January 2000

COMPANIES HOUSE

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

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

DX 33050 Cardiff

DX 235 Edinburgh

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

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

Shareholder de	Shares and share	Shares and share class allotted	
Name GARY LAUREN	1c c	Class of shares allotted	Number allotted
Name GARY LAUREN Address J6 WINNINGTON	ROAD LONDON	ORDINARY	
	tcode N2 QUBL		
Name	,	Class of shares allotted	Number allotted
Address			L
UK Post	tcode		L
Name		Class of shares allotted	Number allotted
Address		_	1
LIK Post	tcode		L
Name		Class of shares	Number
		allotted	allotted
Address		L	L
LIK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address			
		_ \	<u> </u>
UK Pos	tcode ¿ ¿ ¿ ¿ ¿ ¿ ¿ ¿		
Please enter the number of continuati	ion sheets (if any) attached to thi	s form	
Signed Kamo		Date 43/04/	
A director / secretary / administrator / admin	nistrativa receiver-/ receiver-manager / re-	eerver Please (delete as appropriate
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should	30'20		
contact if there is any query		Tel,	
	DX number	DX exchange	· / /