

Companies House

— for the record — Company Name
GLASTONBURY FESTIVALS
LIMITED

Company Type
Private Company Limited By
Shares
Company Number
2737866
Information extracted from
Companies House records on
18th June 2005

363s Annual Return

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.

Section 1: Company details



18th June 2005		COMPANIES HOUSE 05/07/05
Ref: 2737866/03/10	Current details	Amended details
> Registered Office Address If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Worthy Farm Pilton Shepton Mallet Somerset BA4 4BY	UK Postcode
> Register of Members If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Address where the Register is held At Registered Office	Address UK Postcode
> Register of Debenture Holders If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Not Applicable	Address UK Postcode
> Principal Business Activities If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	SIC Code Description 9231 Artistic & literary creation etc	SIC CODE Description
> Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.		

Company	Number -	- 2737866
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Section 2: Details of Officers of the Company

		Current details	Amended details
>	Company Secretary If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.	Name Emily Rose EAVIS Address 11 Wakeman Road Kensal Green London NW10 5BJ	Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Address
	Particulars of a new Company Secretary must be notified on form 288a.		UK Postcode
>	If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. Address 15 Claremont Road Twickenham Middlesex TW1 2QX		Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Address
	Particulars of a new Director must be notified on form 288a.	Date of birth 20/10/1955 Nationality British Occupation Managing Director	UK Postcode Date of birth Nationality Occupation Date of change / / Date Melvin John BENN ceased to be director (if applicable)

Company Number - 2737866		Section 2: Details of Officers of the Company (continued)			
		Current details	Amended details		
>	Director If any of the details for this person are wrong, strike	Name Athelston Joseph Michael EAVIS	Name		
	them through and fill in the correct details in the "Amended details" column.	Address Worthy Farm Pilton Shepton Mallet Somerset BA4 4BY	Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Address		
-		Date of birth 17/10/1935			
	Particulars of a new Director must be notified on form	Nationality British	UK Postcode		
		Occupation Farmer	Date of birth / / Nationality		
	288a.		Occupation		
			Date of change / /		
			Date Athelston Joseph Michael EAVIS ceased to be director (if applicable)		
			//		

Company	Number -	2737866
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Section 3: Share Capital

		Current details	Amended details
>	This table shows the total number of shares that have been issued by your company and their Nominal	Class of share Ordinary	Class of share
		Nominal value of each share £0.01	Nominal value of each share
		Number of shares issued 10,000	Number of shares issued
		Aggregate Nominal Value of issued shares £100.00	Aggregate Nominal Value of issued shares
>	Total shares issued and value	Total number of shares issued 10.000	Total number of shares issued
	If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.	Total Nominal value of shares issued £100.00	Total Nominal value of shares issued

> At the date of this Annual Return, if the company has altered or changed its share capital in any way or allotted new shares, please refer to the guidance notes for details of the appropriate form that should be sent with this Annual Return. Annual return guidance notes are available on the Companies House web site at www.companieshouse.gov.uk or by ringing 0870 3333636.

Company Number - 2737866

Section 4: Details of Shareholders

- > The details we hold on your company's shareholders and their shareholdings are printed below. These are based on your last Annual Return.
- > If any details have changed, or if any shares have been transferred, please fill in the details in the "Amended details" or "Shares transferred" column.
- > Please give details of any other shareholders in Section 5.

C	urrent details	Amended details	Shares transferred
>	Shareholder Name A.J.M. EAVIS LIFE INTEREST	Name	
		Address	
	Address Worthy Farm Worthy Lane Pilton		Shares transferred by A.J.M. EAVIS LIFE
	Shepton Mallet Somerset BA4 4BY	UK Postcode	INTEREST
	Shares held Class Number Ordinary 1768	Shares held Class Number	Class Number Date of transfer
>	Shareholder Name Mrs Alison BROOKSBANK	Name	
		Address	!
	Address Bagborough Vineyard Bagborough Lane Pylle Shepton Mallet		Shares transferred by Mrs Alison BROOKSBANK
	BA4 6SX	UK Postcode	
	Shares held Class Number Ordinary 354	Class Number	
		· ————————————————————————————————————	
>	Shareholder Name A.J.M. EAVIS	Name	
		Address	
	Address Worthy Farm Pilton Shepton Mallet BA4 4BY		Shares transferred by A.J.M. EAVIS
		UK Postcode	1 · î
	Shares held Class Number Ordinary 6462	Shares held Class Number	Class Number Date of transfer

	urrent details	Section	Amended details	(continued)	Shares	transfěrred ;	c a
>	Shareholder Name Miss Emily EAVIS		Name			······································	· · · · · · · · · · · · · · · · · · ·
		ļ	Address				
	Address 11 Wakeman Road London NW10 5BJ	!			Shares tr Miss Emi	ansferred by ly EAVIS	
			UK Postcode	<u> </u>			
	Shares held Class A Ordinary	lumber 354	Shares held Class	Number	Class	Number Date	of transfer
				_			/
>	Shareholder Name Mr Patrick EAVIS		Name				
			Address				
	Address Hillside House	ļ			Shares tr	ansferred by	
	142 High Street Bathford Bath	1			Mr Patric		
	BA1 7NT		UK Postcode				
	Shares held Class A Ordinary	lumber 354	Shares held Class	Number	Class	Number Date	of transfer
		!					/
>	Shareholder Name Ms Sandra LORD		Name				
			Address	Ì			
	Address The Bell Hotel 3 High Street					ansferred by	
	Shepton Mallet				Ms Sand	ra LORD	
	Somerset BA4 5AA	!	UK Postcode	<u> </u>			
	Shares held	lumber 354	Shares held Class	Number	Class	Number Date	of transfer
				_	i.,		/

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Company Number - 2737866 Section 4: Details of Shareholders (continued) **Amended details** Shares transferred **Current details** Shareholder Name Name Mrs Juliet WATCHMAN Address **Address** The Bell Hotel Shares transferred by 3 High St **Mrs Juliet WATCHMAN Shepton Mallet** BA4 5AA UK Postcode \_\_\_\_\_\_\_\_ Shares held Shares held Class Number Date of transfer Class Number | Number Class

\_\_/\_\_/\_\_\_\_

Ordinary

354

#### Company Number - 2737866

#### Section 5: Details of Other Shareholders

- > Please fill in details of any persons or corporate bodies who are shareholders of the company at the date of this return, but whose details are not printed in Section 4.
- > Also, provide the details of any persons who became but have ceased to be shareholders of the company since the date of the last annual return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding separately.
- Please copy this page if there is not enough space to enter all the company's other shareholders.

| Shareholders details | Class and number<br>of shares or<br>amount of stock held | Class and number of<br>shares or amount of<br>stock transferred<br>(If appropriate) |          |
|----------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|----------|
| Name                 |                                                          |                                                                                     |          |
| Address              |                                                          |                                                                                     |          |
|                      |                                                          |                                                                                     |          |
| UK Postcode          |                                                          |                                                                                     |          |
| Name                 |                                                          |                                                                                     |          |
| Address              |                                                          |                                                                                     |          |
| <u></u>              |                                                          |                                                                                     |          |
| UK Postcode          |                                                          |                                                                                     |          |
| Name                 |                                                          |                                                                                     |          |
| Address              |                                                          | ·                                                                                   |          |
| L                    |                                                          |                                                                                     | :<br>:   |
| UK Postcode          |                                                          |                                                                                     |          |
| Name                 |                                                          |                                                                                     | <u> </u> |
| Address              |                                                          |                                                                                     |          |
| L                    |                                                          |                                                                                     |          |
| UK Postcode          |                                                          |                                                                                     |          |

#### ·Company Number - 2737866



## 363s Annual Return Declaration

- When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

| complete 2 below.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|                                                       | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |
| 1. Declaration                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| I confirm that the details in                         | this annual r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eturn are correct as at the made-up-date                                    |
| (shown at 2 below). ∤ I encid                         | se the filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fee of £30.                                                                 |
| Signature                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date 01 07 2005                                                             |
| What to do now                                        | The state of the s | This date must not be earlier than the return date at 2 below               |
|                                                       | end the whole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e of the Annual Return and the                                              |
| declaration to the address                            | shown at 4 b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | elow.                                                                       |
| 2. Date of this return                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| ☐ This AR is made up to 12/7/2005                     | please give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | aking this return up to an earlier date,<br>the date here                   |
|                                                       | Note: The form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | must be delivered to CH within 28 days of this date                         |
| O. Data of newl volume                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| 3. Date of next return                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| If you wish to change your please give the new date h |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | a date earlier than 12th July 2006                                          |
| produce give the new date in                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / _ = / = = = =                                                             |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| 4. Where to send this f                               | orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |
| Please return this form to:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| Registrar of Companies                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | For members of the Hays Document                                            |
| Companies House                                       | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Exchange service                                                            |
| Crown Way                                             | 0/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DX 33050 Cardiff                                                            |
| Cardiff CF14 3UZ                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| •                                                     | ing fee with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the company number written on the                                           |
| reverse of the cheque?                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| Contact Address                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| ů ,                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tion below, but if you do, it will help<br>a query on the form. The contact |
| information that you give will be                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · -                                                                         |
| Contact Name                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | elephone number <i>inc code</i>                                             |
| TENON LIMICO                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1779 243366                                                                 |
| Address                                               | r.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | X number if applicable                                                      |
| THE OW MILL                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |

DX exchange

Postcode

PANE Nono

SHUITEN MANOR

BA4 581