

## 363a

Please complete in ty or in bold black capit		Annual Return
CHFP010 Co	mpany Number	5731453
Compa	any Name in full	CUTTING EDGE POST UK LIMITED
Date of this return The information in this to		Day Month Year  0 6 0 3 2 0 0 7
Date of next retu	rn	
If you wish to make you date earlier than the a return please show the Companies House will the appropriate time.	nniversary of this e date here.	Day Month Year
Registered Office Show here the address this return.		27/28 EASTCASTLE STREET
Any change of	Post town	LONDON
registered office <b>must</b> be notified on form 287.	County / Region	
201.	UK Postcode	W1W 8DH
Principal busines	ss activities	
Show trade classifica for the principal activi		
If the code number ca give a brief description activity.	annot be determined, on of principal	Television and Film Production and Post Production



27/03/2007 **COMPANIES HOUSE**  'When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff

or companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for companies registered in Scotland

Register of members	
If the register of members is not kept at	
the registered office, state here where it is kept.	
·	
Post town	
County / Region	UK Postcode
County / Region	OKT OSCODE 1
Register of Debenture holders	
If there is a register of debenture holders,	
or a duplicate of any such register or part	
of it, which is not kept at the registered	
office, state where it is kept.	
Post town	
County / Region	UK Postcode [
Company type	
Public limited company	
Private company limited by shares	X
Private company limited by guarantee	
without share capital	
Private company limited by shares	Discontinuity and the same and the base
exempt under section 30	Please tick the appropriate box
Private company limited by guarantee	
exempt under section 30	
Private unlimited company with share	
capital	
Private unlimited company without share	
capital	
Company Secretary	Details of a new company secretary must be notified on form 288a.
(Please photocopy	1
this area to provide details of joint * Style / Title	
corretaries)	
* Voluntary details.	
Curnomo	1
If a partnership give Surname the names and	CARGIL MANAGEMENT SERVICES LIMITED
addresses of the	Loo MAY TON CERTIFIE
partners or the name Address	22 MELTON STREET
of the partnership and office address.	I
Usual residential  address must be Post town	LONDON
given. In the case	2012 VA
of a corporation, County / Region	UK Postcode NW1 2BW
give the registered	
or principal office Country	
address.	



<b>Directors</b> Please list directors in alphabetical order.		Details of new directors must be	notified on form 288a
Na	ame * Style / Title	I	
<b>Directors</b> In the case of a director that is a corporate	Date of birth	Day         Month         Year           0         4         1         2         1         9         6         4	
or a Scottish firm, the name is the	Forename(s)	MICHAEL RODNEY	
corporate or firm name.	Surname	BURTON	* 1144
A	ddress	62 O'BRIEN STREET	
Usual residential address must be			
given. In the case of a corporation,	Post town	PULLENVALE	
give the registered or principal office	County / Region	QUEENSLAND	UK Postcode 4069
address.	Country	AUSTRALIA	Nationality   AUSTRALIAN
	Business occupation	MANAGING DIRECTOR	
* Voluntary details.			
N	ame * Style / Title	MR Navida Varia	
<b>Directors</b> In the case of a director that is a corporate	Date of birth	Day Month Year  0 3 0 8 1 9 6 9	
or a Scottish firm, the name is the corporate or firm name.	Forename(s)	MATTHEW JOHN	- Additional Control of the Control
	Surname	LAWSON	
Address		45 SIXTH AVENUE	
Usual residential address must be			
given. In the case of a corporation, give the registered or principal office	Post town	BARDON	
	County / Region	QUEENSLAND	UK Postcode   4065
address.	Country	AUSTRALIA	Nationality AUSTRALIAN
	Business occupation	FINANCIAL CONTROLLER	



<b>Directors</b> Please list directors in alphabetical order.		Details of new directors must be	notified on form 288a
N	ame * Style / Title	1	
		Day Month Year	
<b>Directors</b> In the case of a director that is a corporate	Date of birth	1 4 1 1 1 9 5 7	
or a Scottish firm, the name is the	Forename(s)	JOHN PATRICK	· · · · · · · · · · · · · · · · · · ·
corporate or firm name.	Surname	LEE	
A	ddress	40 BERNHARD STREET	
Usual residential address must be			
given. In the case of a corporation,	Post town	PADDINGTON	
give the registered or principal office	County / Region	QUEENSLAND	UK Postcode 4064
address.	Country	AUSTRALIA	Nationality AUSTRALIAN
	Business occupation	GROUP CEO	
* Voluntary details.			
N	ame * Style / Title		
Directors In the		Day Month Year	
case of a director that is a corporate or a Scottish firm, the name is the	Date of birth	0 7 0 8 1 9 6 5	
	Forename(s)	RAYMOND KENNETH	
corporate or firm name.	Surname	SMITH	
Address		54 DARYLMPLE STREET	
Usual residential address must be			
given. In the case of a corporation, give the registered or principal office	Post town	WILSTON	
	County / Region	QUEENSLAND	UK Postcode 4051
address.	Country	AUSTRALIA	Nationality AUSTRALIAN
	Business occupation	CEO	



Issued share capital Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
Ordinary		1	£1.00
	Totals	1	1.00
			1.00
List of past and present sharel (use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns.	There were no change A list of changes is en A full list of sharehold	on pape	er in another format
Certificate	I certify that the inform	nation given in this return i	s true to the best of my
† Please delete as appropriate.	† a director secretary	· Dat	e 19/03/07
When you have signed the return send with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	it This return in	(enter number)	continuation sheets.
Please give the name, address, telephonumber and, if available, a DX number and Exchange of the person Companion House should contact if there is any quantum and the statement of the statement	es LONDON, W1W 8DH	Tel: 020 7637 5	5216
BLUFPEIST	DX number l	DX exchange I	