

88(2) Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.
CHFP000

Company Number

Company name in full

465594	8	
MEDIA	200 LTD	

Shares allotted (including bonus shares):							
	From		То				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month 1	Year	Day Month	Year			
Class of shares (ordinary or preference etc)	ORDINAR-1						
Number allotted	100						
Nominal value of each share	31						
Amount (if any) paid or due on each share (including any share premium)							
List the names and addresses of the	List the names and addresses of the allottees and the number of shares allotted to each overleaf						
If the allotted shares are fully or partly paid up otherwise than in cash please state:							
% that each share is to be treated as paid up							
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)							



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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland

DX 235 Edinburgh

Shareholder details	Shares and share	Shares and share class allott	
Name MEDIA 200 LTD	Class of shares allotted	Number allotted	
Address 7 NEW CRESCEM YARD ACTUR LANG.	GRDINARY	100	
		L	
Lampon UK Postcode MMI 60853	£	<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
<u> </u>	L	L	
UK Postcode _ ;	<u></u>	L	
Name	Class of shares allotted	Number allotted	
Address			
L	L		
UK Postcode			
Name -	Class of shares allotted	Number allotted	
Address			
<u>.</u>	t		
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
<u> </u>	L	L	
UK Postcode	L	L	
Please enter the number of continuation sheets (if any) attached to this f	form		
riease enter the number of continuation sheets (if any) attached to this i			
A director / secretary / administrator / administrative receiver / receiver manager / receiver	/ /	delete as appropi	

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

THE MA	NACEN	MENIA	200
7 New	Chercen	YAMO,	Acron LANG
Lordon	rwio	857	Tel () 208 753 1(56
DX number DX exchange			