88(2)

Please complete in typescript, or in bold black capitals.

CHFP016

Return of Allotment of Shares

Company Number	5131817	
Company name in full	BE INDEPENDENT LIMITED	
Shares allotted (including bon	us shares): From	То
Date or period during which shares were allotted	Day Month Year	Day Month Year
(If shares were allotted on one date enter that date in the "from" box)	1 7 0 2 2 0 0 5	
Class of shares (ordinary or preference etc.)	ORDINARY	
Number allotted	99	
Nominal value of each share	£1	
Amount (if any) paid or due on each share (including any share premium)	£1	

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 DX 33050 Cardiff For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235
For companies registered in Scotlland Edinburgh

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

Shareholder details		Shares and share class allotted	
Name STUART MILLER		Class of shares allotted	Number allotted
Address 27 HIGH CROSS DRIVE, ROGERSTO	NE, NEWPORT, SOUTH WALES	ORDINARY	99
			<u> </u>
UK Postcode	N P 1 0 9 A B		L
Name		Class of shares allotted	Number allotted
Address			
1			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
<u> </u>	·		
UK Postcode			
Please enter the number of continua	ation sheets (if any) attached to this f	orm	
Signed Signed	Date	· 16/2/05	
A director / secretary / administrator	/ administrative receiver / receiver mana	ager / receiver Please de	lete as appropriate
Please give the name, address, elephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.	KILSBY & WILLIAMS LLP		
	CEDAR HOUSE, HAZELL DRIVE		
	NEWPORT, SOUTH WALES, NP1		L0010 ——————————————————————————————————
	DX number	DX exchange	