

for the record

Return of Allotment of Shares

Please complete in typescript, or ın bold black capıtals CHWP000

Company Number

217640 SC.

Company name in full

AMY	HAROIC	PRUDUCTIONS	LIMITED	

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

From To Month Year Day Month Year Day 10 ø 0101 010

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

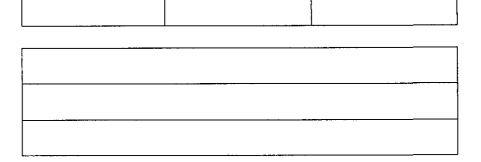
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24,000		
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List the names and addresses of the allottees and the number of shares allotted to each overleaf

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:

27/02/2008 **COMPANIES HOUSE** 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

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

Shareholder details	Shares and share	Shares and share class allotte	
Name AMY LIVIN &STONE HARDIE	Class of shares allotted	Number allotted	
Address	0000000	Ot. Phy	
OFFRSTHEHEAD WEST LINTON	URDINARY	24,000	
SCUTTISH BURDERS UK Postcode EH467A7		L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode	<u> </u>		
Name	Class of shares allotted	Number allotted	
Address	MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
		L	
UK Postcode LLLLL	Ļ	L	
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode	L		
Please enter the number of continuation sheets (if any) attached to t	his form		
igned Anny Hanke	Date		
A director / secretary / administrator / administrative receiver / receiver-manager /	receiver Please	delete as appropri	

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

WHITELAN WELLS	9 AINSLIE PLACE
EDINBURSH	CH3 GAT
	Tel 0131 226-5822
DX number	DX exchange