

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

3760981

Company name in full	ULTIMATE LEISURE GROUP PLC				
Shares allotted (including bonus shares):					
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 0 5 0 3 2 0 0 7				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	14792900				
Nominal value of each share	10P				
Amount (if any) paid or due on eac share (including any share premium)	h 169P				
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:

29/03/2007 COMPANIES HOUSE

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Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

DX 33050 Cardiff

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

Name PERSHING KEEN NOMINEES LTD A/C OSCLT		Shares and share class allotte	
		Class of shares allotted	Number allotted
Address CAPSTAN HOUSE,ONE CLOVE CRES	CENT,EAST INDIA DOCK,	ORDINARY	14792000
LONDON		ORDINARY	900
UK Pos	stcode E 1 4 _ 2 B H		. L
Name		Class of shares allotted	Number allotted
Address		_	
		_	
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address		-	
			L
UK Pos	stcode	L	L
lame		Class of shares allotted	Number allotted
Address		-	
		_	L
UK Pos	tcode	<u> </u>	
lame		Class of shares allotted	Number allotted
Address		-	
			·
UK Pos	tcode		
Please enter the number of continuati	ion sheets (if any) attached to this	form	
gned (LCC)	Da	nte	-7
A director / secretary / administrator / admin	nistrative receiver / receiver manager / rece	eiver Please o	delete as appropriat
ease give the name, address, ephone number and, if available,			
OX number and Exchange of the rson Companies House should			
ntact if there is any query.		Tel	
	DX number	DX exchange	