

for the record —

Company Name **SUPRA LIMITED** 

Company Type **Private Company Limited By Shares** Company Number 3613014 Information extracted from Companies House records on 29th September 2006

# 363s Annual Return

- > Please check the details printed in blue on this statement.
- > If any details are wrong, strike them through and write the correct details in the "Amended details" column.
- > Please use black pen and write in capitals.

Section 1: Company details



|                                                                                                                                                       |                                                                                                                     | CUMPANIES HOUSE 14/10/2006 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------|
| Ref: 3613014/03/10                                                                                                                                    | Current details                                                                                                     | Amended details            |
| Registered Office Address If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.       | 219 Clopton Road<br>Stratford Upon Avon<br>Warwickshire<br>CV37 6TF                                                 | Address  UK Postcode       |
| > Register of Members If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column.           | Address where the Register is held<br>Sadofskys<br>Princes House, Wright Street<br>Hull<br>North Humberside HU2 8HX | Address  UK Postcode       |
| > Register of Debenture Holders If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column. | Not Applicable                                                                                                      | Address  UK Postcode       |
| > Principal Business Activities If any of the details are wrong, strike them through and fill in the correct details in the "Amended details" column. | SIC Code Description  9211 Motion picture and video production                                                      | SIC CODE Description       |
| > Please enter additional principal activity code(s) in "Amended details" column. See notes for guidance for list of activity codes.                  |                                                                                                                     |                            |

### Section 2: Details of Officers of the Company

|                                                                                                                                                         | Current details                                                                      | Amended details                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Secretary If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column. | Name Joe LUTLEY  Address 219 Clopton Road Stratford Upon Avon Warwickshire CV37 6TF  | Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723 of the Companies Act 1985.  Address |
| Particulars of a new Company Secretary must be notified on form 288a.                                                                                   |                                                                                      | UK Postcode LLLLLLL  Date of change LL/LLL  Date Joe LUTLEY  ceased to be secretary (if applicable)                                                             |
| Director If any of the details for this person are wrong, strike them through and fill in the correct details in the "Amended details" column.          | Name Hugh LUTLEY  Address 219 Clopton Road Stratford Upon Avon Warwickshire CV37 6TF | Tick this box if this address is a service address for the beneficiary of a Confidentiality Order granted under section 723 of the Companies Act 1985.  Address |
| Particulars of a new Director<br>must be notified on form<br>288a.                                                                                      | Date of birth 16/11/1973  Nationality British  Occupation Director                   | UK Postcode  Date of birth  Nationality  Occupation  Date of change / /  Date Hugh LUTLEY ceased to be director (if applicable)                                 |

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**Section 3: Share Capital** 

| •      | gi ve ta                                                                                                                       | Current details                                | Amended details                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|
| >      | Issued Share Capital This table shows the total                                                                                | Class of share<br>Ordinary                     | Class of share                           |
| been . | number of shares that have<br>been issued by your<br>company and their Nominal                                                 | Nominal value of each share £1.00              | Nominal value of each share              |
|        | are wrong, please fill in the correct details.                                                                                 | Number of shares issued 2                      | Number of shares issued                  |
|        |                                                                                                                                | Aggregate Nominal Value of issued shares £2.00 | Aggregate Nominal Value of issued shares |
| >      | Total shares issued and value                                                                                                  | Total number of shares issued 2                | Total number of shares issued            |
|        | If any of the details are wrong,<br>strike them through and fill in<br>the correct details in the<br>"Amended details" column. | Total Nominal value of shares issued £2.00     | Total Nominal value of shares issued     |

<sup>&</sup>gt; At the date of this Annual Return, if the company has altered or changed its share capital in any way or allotted new shares, please refer to the guidance notes for details of the appropriate form that should be sent with this Annual Return. Annual return guidance notes are available on the Companies House web site at www.companieshouse.gov.uk or by ringing 0870 3333636.

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#### **Section 4: Details of Shareholders**

- > The details we hold on your company's shareholders and their shareholdings are printed below. These are based on your last Annual Return.
- > If any details have changed, or if any shares have been transferred, please fill in the details in the "Amended details" or "Shares transferred" column.
- > Please give details of any other shareholders in Section 5.

| Ci | urrent details                     |             | Amended details |        | Shares   | s transferr | ed               |
|----|------------------------------------|-------------|-----------------|--------|----------|-------------|------------------|
| >  | Shareholder<br>Name<br>Hugh LUTLEY |             | Name            |        |          |             | •                |
|    |                                    |             | Address         |        |          |             |                  |
|    | Address                            |             |                 |        |          |             |                  |
|    | 219 Clopton Road                   |             | I               |        | Shares   | transferred | by ·             |
|    | Stratford-Upon-Avon Warwickshire   |             |                 |        | Hugh L   | UTLEY       | -                |
|    | CV37 6TF                           |             | UK Postcode     |        |          |             |                  |
|    |                                    |             | Shares held     |        |          |             |                  |
|    | Shares held<br>Class               | Alumbar     | Class           | Number | Class    | Number      | Date of transfer |
|    | Ordinary                           | Number<br>2 |                 |        | <u> </u> |             | //               |
|    |                                    |             |                 |        | <u> </u> |             | //               |
|    |                                    |             |                 |        |          |             |                  |

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#### **Section 5: Details of Other Shareholders**

- > Please fill in details of any persons or corporate bodies who are shareholders of the company at the date of this return, but whose details are not printed in Section 4.
- > Also, provide the details of any persons who became but have ceased to be shareholders of the company since the date of the last annual return.
- > For jointly held shares please list those joint shareholders consecutively on the form. If a joint shareholder also holds shares in their own right, list that holding separately.
- > Please copy this page if there is not enough space to enter all the company's other shareholders.

| Shareholders details |   | Class and number of<br>shares or amount of<br>stock transferred<br>(If appropriate) | registration |
|----------------------|---|-------------------------------------------------------------------------------------|--------------|
| Name                 |   |                                                                                     |              |
| Address              |   |                                                                                     |              |
|                      |   |                                                                                     |              |
| UK Postcode          | , |                                                                                     |              |
| Name                 |   |                                                                                     |              |
| Address              |   |                                                                                     |              |
|                      |   |                                                                                     | 1            |
| UK Postcode          |   |                                                                                     |              |
| Name                 |   |                                                                                     |              |
| Address              |   |                                                                                     |              |
|                      |   |                                                                                     |              |
|                      |   |                                                                                     |              |
| UK Postcode          |   |                                                                                     |              |
| Name                 |   |                                                                                     |              |
| Address              | , |                                                                                     |              |
|                      |   |                                                                                     | )            |
| UK Postcode          |   |                                                                                     |              |



## 363s Annual Return Declaration

- When you have checked all the sections of this form, please complete this page and sign the declaration below.
- > If you want to change the made up date of this annual return, please complete 2 below.

| 1.                               | Declaration                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |  |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
|                                  | I confirm that the details in (shown at 2 below). I enclo                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | irn are correct as at the made-up-date of £30.                                                                      |  |  |
|                                  | Signature / (Director / S                                                                           | ecretary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date $CS$ , $LD$ , $ZQQC$ This date must not be earlier than the return date at 2 below                             |  |  |
|                                  | What to do now Complete this page then so declaration to the address                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | of the Annual Return and the                                                                                        |  |  |
| 2.                               | Date of this return                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |  |  |
|                                  | This AR is made up to 11/8/2006                                                                     | If you are making this return up to an earlier date, please give the date here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |  |  |
|                                  |                                                                                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /                                                                                                                   |  |  |
|                                  |                                                                                                     | Note: The form m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ust be delivered to CH within 28 days of this date                                                                  |  |  |
| 3.                               | Date of next return                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |  |  |
|                                  | If you wish to change your please give the new date h                                               | ere:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | date earlier than 11th August 2007                                                                                  |  |  |
| 4                                | Where to send this f                                                                                | orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |  |  |
|                                  | Please return this form to:                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |  |  |
|                                  | Registrar of Companies<br>Companies House<br>Crown Way<br>Cardiff CF14 3UZ                          | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | For members of the Hays Document<br>Exchange service<br>DX 33050 Cardiff                                            |  |  |
|                                  | Have you enclosed the fireverse of the cheque?                                                      | ling fee with th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne company number written on the                                                                                    |  |  |
| C                                | ontact Address                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |  |  |
|                                  |                                                                                                     | ntact informatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on below, but if you do, it will help                                                                               |  |  |
| Çor                              | • •                                                                                                 | ou if there is a c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | query on the form. The contact chers of the public record.                                                          |  |  |
| Cor<br>info                      | mpanies House to contact ye                                                                         | ou if there is a c<br>e visible to searc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ·                                                                                                                   |  |  |
| Cor<br>info<br>Cor               | mpanies House to contact your<br>rmation that you give will be<br>ntact Name                        | ou if there is a c<br>e visible to searc<br>Tel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | chers of the public record.                                                                                         |  |  |
| Cor<br>info<br>Cor<br>SA         | mpanies House to contact your<br>rmation that you give will be<br>ntact Name                        | ou if there is a c<br>e visible to searc<br>Tel<br>คั <u>นของสั</u> ฟโ <u>อ</u> ป                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | chers of the public record.<br>ephone number <i>inc code</i><br>1 년 왕 2  2 년 왕 년 왕                                  |  |  |
| Cor<br>info<br>Cor<br><u>SA</u>  | mpanies House to contact your<br>rmation that you give will be<br>ntact Name<br>DoFsicys CHACTECO ( | ou if there is a de<br>e visible to searc<br>Tel<br><u>Prografit</u> © t<br>DX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | chers of the public record.<br>ephone number <i>inc code</i><br>1 년 왕 2  2 년 왕 년 왕 년<br>number <i>if applicable</i> |  |  |
| Cor<br>info<br>Cor<br>SAr<br>Add | mpanies House to contact your<br>rmation that you give will be<br>ntact Name                        | ou if there is a control of the con | chers of the public record.<br>ephone number <i>inc code</i><br>1 년 왕 2  2 년 왕 년 왕                                  |  |  |

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Postcode