Please complete in typescript, or in bold black capitals.

Return of Allotment of Shares

CHFP016

Company Number	4659597							
Company name in full	MOTION FILMS PRODUCTION LIMITED							
Shares allotted (including bonu	s shares)).	From			To)	
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)		0 6	1 0 2	0 0 4				
Class of shares (ordinary or preference etc.)	ORD	INARY						
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 a	allottees an	d the n	umber of s	shares allotted	to each o	verleaf		
If the allotted shares are fully o	r partly pa	aid up	otherwi	se than in ca	sh pleas	e 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)								

4659597

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 d	Shareholder details		Shares and share class allotted			
Name ANIMATED ENTERTAINMENT LIMITED)	Class of shares allotted	Number allotted			
Address 72 HARLEY STREET		ORDINARY	99			
LONDON						
UK Postcode	W 1 G 7 H G					
Name		Class of shares allotted	Number allotted			
Address						
			L			
UK Postcode		L. L	L			
Name		Class of shares allotted	Number allotted			
Address		—				
Address						
UK Postcode			1			
Name		Class of shares allotted	Number allotted			
Address			T. Language			
LIK Pestado			L			
UK Postcode						
Please enter the number of continua	ation sheets (if any) attached to t	his form				
signed La. Faxlo	w.co	Date 7/10/04				
A director / seeretary / administrator	/ administrative receiver / receiver	manager / receiver Please del	lete as appropriate			
Please give the name, address, telephone number and, if available,	T A PARKHOUSE					
a DX number and Exchange of the person Companies House should	72 HARLEY STREET	LONDON				
contact if there is any query.	W1G 7HG	Tel				
	DX number	DX exchange				