

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR	OVAL
OMB Number:	3235-0076
Expires: Ap	ril 30, 1991
Estimated averag	neburdan
hours per respon	se . 16.00

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A. RASIC IDENTIFICATION DATA    Enter the information requested about the issuer   C   Check if this is an amendment and name has changed, and indicate change.)   O3055910			
Corporation	⊠ limited partnership, already formed	other (please specify	); l
Brief Description of Business			
		Telephone Number (In	cluding Area Code)
_1450_Broadway, Suite	2011. New York. NY 10018	(212) 221-11	22
			03055010
		ate change.)	
1. Enter the information requests			
Type of Filing:  New Filing			
Filing Under (Check box(es) that	apply): □ Rule 504 □ Rule 505 ☒ Rule 506	☐ Section 4(6) ☐ 1	ULOE
THE MAMMA MIA! BROADW	AY LIMITED PARTNERSHIP		
Name of Offering ( check if	this is an amendment and name has changed, and in	dicate change.)	

## **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless suc' exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTE	FICATION DATA		
2. Enter the information requested for the	following:			
• Each promoter of the issuer, if the i	issuer has been organized	within the past five yea	ırs;	
Each beneficial owner having ine possecurities of the issuer;	wer to vote of dispose, o	direct the vote or dispo	osition of, 10%	or more of a class of equit
Each executive officer and director o	f corporate issuers and of	corporate general and m	anaging partner	rs of partnership issuers: and
Each general and managing partner				, and a second second second
				_
Check Box(es) that Apply:   Promoter	. □ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	Construct March 1995 State As 2007 See	•		
Business or Residence Address (Number	and Street, City, State, Z	Lip Code)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Z	(ip Code)	<del></del>	
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Z	(ip Code)		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Z	ip Codé)	**	
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Z	Lip Code)	····	
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,		<del></del>	
Business or Residence Address (Number	and Street, City, State, 2	Lip Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Z	Lip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. II	FOEMA	TON ABO	OFF	ERING					
1. Has t	the issuer s	old, or do	es the issu	ier intend	to sell, to	non-accre			offering?			Yes	No
							200	14 4 1		av odruges	•		٥
2. What		o wat inv imum inv	estment th	at will be	accepted f	rom any i	ndividual?	T. FQA, 2004	Attivation in			. s	
						(A)						Yes	No
3. Does	the offerin	ng permit	joint own	ership of a	single uni	t?					· · · · · · ·		
sion o to be list th	or similar ro listed is ar ne name of	emuneration associate the broke	on for solid d person o er or dealer	citation of portagent of	purchasers a broker o than five (	in connect or dealer re 5) persons	ion with sa egistered w to be liste	ties of seculith the SE d are asso	rities in the C and/or v	directly, and coffering. It is state on soft such a state on soft such a state on soft such and soft	If a persor or states	) ,	
Full Name	(Last narr	ie first, if	individual	)				-					
Business o	r Residenc	e Address	(Number	and Street	. City, Sta	te, Zip Co	ode)		<u>:</u>				
<del></del>													
Name of A	Associated	Broker or	Dealer										
States in V	Vhich Pers	on Listed	Has Solici	ited or Int	ends to So	licit Purct	asers		<del></del>		<del></del>	<del></del>	
(Check	"All States	or chec	k individu	al States).								□ All	States
[AL] [IL]	{AK} {IN}	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE]	[DC] [MA]	[FL] [ML]	[GA] [MN]	[HI] [MS]	(ID)	
[MT]	[NE]	[NV]	[NH]	[NJ]		(NY)	[NC]	[ND]	[OH]	[OK]	[OR]	(PA	•
[RI]	(SC)	[SD]	(TN)	[TX]	(UT)	(VI)		[WA]	[WV]	[WI]	[WY]	PR	
·			·	and Street	, City, Sta	ite, Zip Co	ode)						
Name of A	Associated	Broker or	Dealer										
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	ilicit Purci	asers	<del>, , , , , , , , , , , , , , , , , , , </del>		·····			
-				al States)									
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Full Name	(Last nan	ne first, if	individua	1)					<del></del>				<del></del>
Business o	r Residence	e Address	(Number	and Street	, City, Su	te, Zip C	ode)	· · · · · · · · · · · · · · · · · · ·					
					-								
Name of	Associated	Broker or	Dealer										
States in V	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	olicit Purcl	hasers	- <del></del>					
(Check	"All State	s" or ched	k individu	ial States)					· · · · · · · · · · · · · · · · · · ·				States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID	1
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[MT] [RI]	(NE)	[NV] [SD]	[HH] [MT]	[ [K] ] [TX]	(MM) (UT)	[NY] [VT]	[NC]	'[ND] [WA]	[OH] [WV]	(OK)	[OR] [WY]	[PA [PR	
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_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF P	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		i va r		
	Type of Security		Aggregate fering Price	Απ	ount Already Sold
	Debt	<b>s</b>	0	<b>S</b>	0
	Equity	<b>S</b>	0	<b>S</b>	00
	□ Common □ Preferred				
	Convertible Securities (including warrants)	<b>S</b>	_0	<b>S</b>	0
	Partnership Interests	<u>s_1</u>	0,000,000	<u>s_1</u>	0,000,000
	Other (Specify)	<b>S</b>	0	<b>s</b> _	0
	Total	<u> </u>	0,000,000	<u>s_1</u>	0,000,00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number		Aggregate blar Amount
			Investors	-	f Purchases
	Accredited Investors		12	<b>s</b> _1	0,000,00
	Non-accredited Investors	-	0	<b>S</b>	0
	Total (for filings under Rule 504 only)	_		<b>S</b>	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Towns of	D-	1) A
	Type of offering		Type of Security	Do	liar Amount Sold
	Rule 505			\$_	N/A
	Regulation: A			<b>S</b>	N/A
	Rule 504	_		<b>S_</b> _	N/A
	Total			<b>S</b>	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future confingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	<b>S</b> _	0
	Printing and Engraving Costs		⊠	<b>S</b> _	1,000
	Legal Fees			<b>S</b> _	10,000
	Accounting Fees			<b>S</b> _	1,500
	Engineering Fees			<b>S</b> _	0
	Sales Commissions (specify finders' fees separately)			\$_	0
	Other Expenses (identify)			<b>S</b>	0
	Total	•		s	12,500

		A SECTION OF THE PROPERTY OF T	·		1 m			-
	C. OFFERING PRICE, NUMBER OF INVESTORS,	EXPENSES AND	USI	OF I	ROCEED	<u>s</u>		
	b. Enter the difference between the aggregate offering price given in retion 1 and total expenses furnished in response to Part C. Question 4. "adjusted gross proceeds to the issuer."	a. This difference	is th	્રીક <b>દે</b> કા ≈ i •	าร์ เการกลาร์ ปูรจรมสุดสิกกร		\$ <mark>9</mark> ,	987,500
1	Indicate below the amount of the adjusted gross proceeds to the issuer used for each of the purposes shown. If the amount for any purpose is estimate and check the box to the left of the estimate. The total of the pathe adjusted gross proceeds to the issuer set forth in response to Part	s not known, furni yments listed must	sh a equ	n il		+1		
				O Din	ments to fficers, ectors, & ffiliates		Pa	ymenus To Others
	Salaries and fees		_			釵	e	20,000
	Purchase of real estate							0
	Purchase, rental or leasing and installation of machinery and equip							
	Construction or leasing of plant buildings and facilities		П	3	<u> </u>	ט	2	
	Acquisition of other businesses (including the value of securities in offering that may be used in exchange for the assets or securities of issuer pursuant to a merger)	f another		s	0		<b>S</b>	0
	Repayment of indebtedness						<b>S</b>	0
	Working capital							967.500
	Other (specify):						S	
						_		
				\$	0		s	0
	Column Totals,							987,500
	Total Payments Listed (column totals added)							
	Total rayments Listed (column totals added)				EN		,,,,,,,	_
	D. FEDERAL SIGN	ATURE			<del></del>			
foli	issuer has duly caused this notice to be signed by the undersigned duly owing signature constitutes an undertaking by the issuer to furnish to the st of its staff, the information furnished by the issuer to any non-accr	e U.S. Securities a	nd E	xchan	ge Commi	uion,	upo	n written re-
th	er (Prin: or Type) e Mamma Mia! Broadway Limited			,	Date		28/0	
	rtnership ne of Signer (Print or Type) Title of Signer (Print	AND THE	$\triangle$			5/.		
Li	ttloctor Corvince Breadyny Inc.	tary of Gene	ral	Par	tner:			

		E SIGNATURE				
	The second secon		<del></del> -			
1. Is any party described in 17 CF	TR 230.252(c), (d), (e) or (f)	presently subject t	to any of the disquali	ication provisions	Yes	Na
of such rule?				1111111111	n	740
	.,				· U	6
भीन्याम अस्त्राह्ये ।	San Assembly Cob	mn C for state re	emonte			

- 1 9;ggaaceg rong
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (1? CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the factor to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) the Mamma Mia! Broadway Limited Partnership	Siensvere	<b>Date</b> 3/28/03
Name (Print or lype) Littlestar Services Broadway, Inc. By: Nina Lannan	Secretary of General Partne	r

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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				ATI	ENDIX	Parameter (1997) (1997) (1997) (1997) (1997)	AN APPRICATE STREET,		
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of amount pur	investor and chased in State C-Item 2)		Disqual under Sta (if yes, explana waiver	ification
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	·								
AK									
AZ									
AR									·
CA		Х	Ltd. Ptnrship \$4,956,793.40	1	, , ,956,793	.40 0	0		х
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	Type of security Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item;)		Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	
MT									
NE									
NV									
NH									
IJ									
NM									
NY		x.	Ltd. Ptnrship \$1,500,000	1	\$1,500,00	0 0	0		
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