FORM D

RECEIVED

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

FORM D

NOTICE OF SALE OF SECURITIES

OUT OF SALE OF SECURITIES

OUT OF SALE OF SALE OF SECURITIES

OUT OF SALE OF

| 126 | 1422 |
|-------------|--------------|
| OMB APP | PROVAL |
| OMB Number. | 3235-0076 |
| Expires: | May 31, 2002 |

| CITIO I TOTAL | 0202 | 00.0 |
|------------------|-----------|-------|
| Expires: | May 31. | 2002 |
| Estimated avera | ige burdi | en |
| hours per respon | nse | 16.00 |
| | | |

| SEC USE ONLY | | | | | |
|--------------|--------|--|--|--|--|
| Prefix | Serial | | | | |
| DATE RE | CEIVED | | | | |

Name of Offering (check of this is an amendment and name has changed, and indicate change.)

| Filing Under (Check box(es) that | apply): | Rule 506 | ULOE |
|--|---|----------------------------|---------------------------|
| Type of Filing: 🏾 🏚 New Filing | ☐ Amendment | | PROCESSI |
| | A. BASIC IDENTIFICAT | TION DATA | 200 |
| . Enter the information requeste | ed about the issuer | | AUG 27 200 |
| BARNACLE PR | is is an amendment and name has change ODUCTIONS LLC | ed, and indicate change.) | THOMSON |
| Address of Executive Offices C/ DONALD C. FARBEL TACOB, MEDIMSEL & FIN | (Number and Street, City, State NESAN 1270 AVE. OF THE AMER) | | ber (Including Area Code) |
| Address of Principal Business Op if different from Executive Office | perations (Number and Street, City, State ces) | Zip Code) Telephone Num | ber (Including Area Code) |
| Brief Description of Business | Perovetion of B | | |
| | | | |
| | | | |
| | THE WRITER'S | | |
| fune of Rusiness Organization | | | 03059954 |
| Type of Business Organization corporation | | Family | 03059954 |
| Type of Business Organization corporation business trust | THE WRITER'S | FAmily 1 Stother (please: | 03059954 |
| corporation | THE WRITER'S I | FAmily 1 Stother (please: | 03059954 |

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 such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

| Theck Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | Managing M |
|-------------------------------------|-------------------|--|---------------------|------------|--------------------------------------|
| full Name (Last name first MC CON) | | TURLOUGH | | | |
| Business or Residence Addition 4-74 | ress (Number a | ind Street, City, State, 2 ENUE, AP1. 5A, | | o City, | N.Y. 10038 |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| ची Name (Last name first | , if individual) | | | | |
| Business or Residence Add | ress (Number a | and Street, City, State, 2 | Cip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first | i, if individual) | | | | |
| Business or Residence Add | ress (Number a | and Street, City, State, 2 | Zip 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 Add | ress (Number | and Street, City, State, 2 | Zip Codé) | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first | i, if individual) | | | | |
| Business or Residence Add | ress (Number | and Street, City, State, | Zip Code) | | |
| Check Box(es) that Apply: | ☐ Promoter | D Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name firs | t, if individual) | | | | |
| Business or Residence Add | iress (Number | and Street, City, State, | Zip Code) | | |
| | | | ☐ Executive Officer | ☐ Director | ☐ General and/or |

Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | B. 1 | NFORMA | TION ABO | OUT OFF | ERING | | | | | _ |
|--|--|---|---------------------------|------------------|--------------|----------------------------|--------------|---|-----------------|--------------|---------------------------------------|--------------|--------|
| 1. Has t | he issuer s | sold, or do | es the issu | er intend | to sell, to | non-accre | dited inves | tors in thi | s offering? | | | | 50 |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | 25, | o 0 | | | |
| 2. What | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | 325 | 3 | |
| | | | | | | ,,, | | | | | | Yes N | ło |
| 3. Does | the offeri | ng permit | joint owne | ership of a | single uni | it? | | • • • • • • • • • | ••••• | | | | Ĭ |
| | | | | • | | been or wil | • | • | - | | • | | |
| | | | | | • | in connect or dealer re | | | | - | • | | |
| list th | ie name of | the broke | r or dealer | . If more | than five (| 5) persons | to be liste | d are asso | | | | | |
| | | | | | for that bi | oker or de | ealer only. | | | | | | _ |
| Full Name | (Last nan | ne first, if | individual |) | | | | | | | | | |
| | | | - | | | | | | · · · · · · · · | | | | |
| Business o | r Residenc | e Address | (Number | and Street | , City, Sta | ite, Zip Co | ode) | | | | | | |
| Name of A | Associated | Broker or | Dealer | . | | | | | | | | | - |
| | | , | | | | | | | | | | | |
| States in V | Vhich Pers | on Listed | Has Solici | ted or Int | ends to So | licit Purch | asers | | | | | | |
| (Check | "All State | s'' or chec | k individu | al States) | | • • • • • • • • • | | · · · · • • · • · • | | | | ☐ All Sta | tes |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | { ID } | |
| [IL] | | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| (MT) | • | [NV] | [NH] | [N] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] | [SC] | [SD] | [MT] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [W] | {WY} | [PR] | |
| Business o | r Residenc | e Address | (Number | and Street | , City, Sta | ue, Zip Co | ode) | | | | | | |
| Name of A | Associated | Broker or | Dealer | | | | | | | | | | _ |
| States in V | Which Pers | son Listed | Has Solic | ited or Int | ends to Sc | licit Purch | nasers | | | | | | |
| (Check | "All State | s" or chec | k individu | al States) | | | | · • • • • • • • • • • • • • • • • • • • | | | | ☐ All Sta | ies |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | { HI } | [10] | |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | (MD) | [MA] | [MI] | [MN] | [MS] | [MO] | |
| [MT] | [NE] | [NV] | [NH] | [NJ] | (NM) | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| [RI] Full Name | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | _ |
| | (· · · · · · · · · · · · · · · · | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ·) | | | | | | | | | |
| Business o | r Residenc | e Address | (Number | and Street | , City, Sta | ite, Zip Co | ode) | | | | | | |
| | | | | | | • | | | | | | | |
| Name of A | Associated | Broker or | Dealer | | | | | | | | · · · · · · · · · · · · · · · · · · · | | - |
| | | | | | | | | | | | | | |
| States in V | | | | | | | | | | | | | |
| | | s" or chec | k i <mark>ndi</mark> vidu | al States) | | | | | | | | ☐ All Sta | ites |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| { IL } [MT] | [IN] [NE] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] [OK] | [MS] | [MO] [PA] | |
| [RI] | [SC] | [NV] [SD] | (NH) (TN) | [[N]] [XT] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | (OH) (WV) | [WI] | [WY] | [PR] | |
| | - • | | , , | | 1 | | | | | | | • | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 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. | | |
|----|---|--------------------------|--|
| | Type of Security | Aggregate Offering Price | Amount Aiready Sold |
| | Debt | s | \$ |
| | Equity | 2,500,000 | 5 25,000 |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | 2,500,000 | \$ 25,000 |
| | 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 Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$ |
| | Non-accredited Investors | | S |
| | Total (for filings under Rule 504 only) | | \$ |
| | 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. | Type of | Dollar Amoun |
| | Type of offering | Security | Sold |
| | Rule 505 : | | s |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 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 contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | ۸ |
| | Transfer Agent's Fees | | 5 |
| | Printing and Engraving Costs | | 5_0 |
| | Legal Fees | ۵ | 5 |
| | Accounting Fees | | s |
| | Engineering Fees | | sO |
| | Sales Commissions (specify finders' fees separately) | D | s |
| | Other Expenses (identify) | | s |
| | Total | _ | , 0 |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEED | 3 |
|--|----------------|------------------------|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | ; | s <u>2, 500,00</u> 0 |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | | Payments To Others |
| Salaries and fees 🗆 S | | D 2 |
| Purchase of real estate | | D \$ |
| Purchase, rental or leasing and installation of machinery and equipment | | o s |
| Construction or leasing of plant buildings and facilities | | O \$ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | i | D \$ |
| Repayment of indebtedness | | D \$ |
| Working capital | | □ S |
| Other (specify): THE ENTIRE ADJUSTED GROSS PROCREAS TO THE ISLUER 5 | | D 5 |
| WILL BE USED TO PAY ALL PRODUCTIONS COSTS AND FEEL INCURRED | | |
| IN CONNECTION WITH THE BROGDWAY PRODUCTION IN NEWYORK . S | | D \$ |
| IN CONNECTION WITH THE BROADWAY PRODUCTION IN NEW YORK OF SEITY AS PER THE BUDGET. Column Totals. | 2,50 | 0000 |
| Total Payments Listed (column totals added) | | 5-00, 000 |
| D. FEDERAL SIGNATURE | | |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exquest of its staff, the information furnished by the issuer to any non-accredited investor pursuant | change Commiss | tion, upon written re- |
| Issuer (Print or Type) Signature | Date | |
| BARNACLE PRODUCTIONS LLE JUSO mulou | un Au | 6US+11,200= |
| Name of Signer (Print or Type) Title of Signer (Print or Type) | | |
| TURLOUGH MCCONNELL MANAGINE MEMBER | | |

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE | | |
|---|-----|-----|
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No. |
| See Appendix, Column 5, for state response. | | |

- 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 (17 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 issuer 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) BARNACLE PRODUCTIONS LA | Signature W | Pour | Date 4060st11, 2003 |
|--|-----------------------|-------|---------------------|
| Name (Print or Type) | Title (Print or Type) | | |
| TURLOUGH MCCONNELL | MAHAGING M | EMBER | |

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.

| APPENDEX | | | | | | | | | | |
|----------|---------------------------------|--|---|--------------------------------------|--------|--|--------|---|-------|--|
| 1 | Intend to non-a investors | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item!) | | 4 | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item!) | | |
| State | Ys | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | - 114 | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
| AR | | | | | | | | | | |
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|-------|--------|------------------------|------------------------------------|----------------------|--------|------------------------------|--------|----------|---------------------|
| | | | Tomo of according | | | | | Disqual | ification |
| | Intend | to seli | Type of security and aggregate | | | | | (if yes, | ite ULOE |
| | I | ccredited | offering price | | | investor and | | explana | tion of |
| | | s in State -Item I) | offered in state (Part C-Item1) | | | chased in State C-Item 2) | | (Part E | granted) -Item1) |
| | | | | Number of | | Number of | | | |
| State | Yes | No | | Accredited Investors | Amount | Non-Accredited Investors | Amount | Yes | No |
| МТ | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
| NH | | | | | | | | | |
| IJ | X | | | | | | | | ` . |
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APPENDIX