

the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OMB NUMBER: 3235-0076 April 30, 2008 Expires: Estimated average burden hours per response 16.00

NO FICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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Prefix		Serial						
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D or Section 4(6), 17 CFR 230.501 et seq.
ng. A notice is deemed filed with the U.S. address given below or, if received at that ail to that address.
9.
ly signed. Any copies not manually signed
ort the name of the issuer and offering, any usly supplied in Parts A and B. Part E need
sales of securities in those state that have h the Securities Administrator in each state claim for the exemption, a fee in the proper ith state law. The Appendix to the notice
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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;
• Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership
issuers; and
Each general and managing partner of partner; hip issuers.
Check Box(es)that Apply: ☑ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or
Managing Partners
Full Name (Last name first, if individual)
Ryan, John P.
Business or Residence Address (Number and Street, City, State, Zip Code)
301 Central Avenue #384, Hilton Head, SC 29926
Check Box(es)that Apply: Promoter Executive Officer Director General and/or Managing Partners
Full Name (Last name first, if individual)
Loop, Jonah
Business or Residence Address (Number and Street, City, State, Zip Code)
5791 Volkerts Road, Sebastopol, CA 95472
Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners
wianaging rathers
Full Name (Last name first, if individual)
Cox, Edward Michael
Business or Residence Address (Number and Street, City, State, Zip Code)
33 Office Park Road, Hilton Head, SC 29926
Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partners
Full Name (Last name first, if individual)
<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es)that Apply: Promoter
Managing Partners
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partners
Full Name (Last name first, if individual)
Turi varie (Bast naire 1156, 11 marriada)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Managing Partners
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Duantess of Residence Address (Number and Piece, City, State, 21) Code)

				B. IN	ORMAT	ION ABO	UT OFFE	RING				
				<u> </u>					_	•	Yes	No
1. Has the	issuer solo	l, or does t	he issuer in								⊔	X
					in Appendi		_					
2. What is	s the minim	um investr	nent that w	ill be accep	ted from a	ny individu	al?				\$	<u>N/A</u>
											Yes	No
			ıt ownership									
4. Enter	the informa	ation reque	ested for ea	ach persor	who has	been or w	ill be paid	or given,	directly or	indirectly,	any	
			uneration for associated									
			or dealer. I									
dealer	, you may s	et forth the	e informatio		٠,,				<u> </u>			
Full Nam None	e (Last nan	ne first, if i	ndividual)									
	or Residen	ce Address	(Number	and Stre	t City Stat	e Zin Code	e)					
13 43111033	or residen	oc radios	(i vanioci	una sire .	i, City, Otal	c, zip cou	-,					
Name of	Associated	Broker or	Dealer			···						
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			has Solicite									11.04.4
(Check	"All States	or check	individual	States)				***************			ЦА	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[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]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nan	ne first, if i	ndividual)				<u> </u>					
											· · · · ·	
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
<u> </u>		<u> </u>	~ .								 	
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed I	has Solicite	d or Intend	s to Solicit	Purchasers						
			individual					*************	•••••	*************	🗆	All States
[AL]	[AK]	[AZ]	[AR]	[C#.]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
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Business	or Residen	ce Address	(Number	and Street	, City, Stat	e, Zip Code	e)				-	
Name of	Associated	Broker or	Dealer									
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			has Solicite individual								🗆	All States
				-								
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[IL]	[IN]	[IA]	[KS]]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[17]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

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

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". It the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Already Sold Offering Amount Debt..... 0. 0. Equity..... 294,600. \$ 294,600. [X]Cor mon [] Preferred Convertible Securities.... Partnership Interests..... \$ 0. Other (Specify) 0. \$ 294,600. Total..... 294,600. 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". Aggregate Number Dollar Amount Investors of Purchases Accredited Investors. 22 294,600. 0 Non-accredited \$ 0 Investors..... Total (for filings under Rule 504 only)..... 0 0 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 offe ing. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A.... Rule 504.... Total..... \$ N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts :elating 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.

Legal Fees....

Accounting Fees.

Engineering Fees.

Sales Commissions (specify finder's fees separately).....

Other Expenses (identify) Blue Sk/ Filing Fees.....

Total.....

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□ \$

X \$

X

0

0

0

0

3,000

13,000

10,000

 b. Enter the difference between the aggregate offering price given in response Question 1 and the total expenses furnished in response to Part C - Question 4.a. this of the "adjusted gross proceeds to the issuer". 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed for each of the purposes shown. If the amount for any purpose is not known, furnish and check the box to the left of the estimate. The total of the payments listed must 	difference d to be use an estima	is d te	\$281,600
Salaries and fees		Payments To Officers, Directors, & Affiliates \$	Payments To Others S_0 S_0 S_0 S_0 S_0 S_0 S_0 S_0 S_0 S_
Column Totals Total Payments Listed (column totals added)		\$ <u>0</u> .	X \$ 281,600. 281,600.
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized following signature constitutes an undertaking by the issuer to furnish to the U.S. Secur the information furnished by the issuer to any non-accredited investor pursuant to paragral Issuer (Print or Type) Signature	rities Com	mission, upon wr	itten request of its staff,
Pangea Pictures Corporation		Ju	1y 17, 2007
Name of Signer (Print or Type) Title of Signer (Print or Type)		100	×
John P. Ryan Vice President and Secretary			

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

	2(c), (d), (·:) or (f) presently subject to any of the disqua	
	See Appendix, Column 5 for state response.	
2. The undersigned issuer hereby undertake D (17 CFR 239.500) at such times as reconstruction.	es to furnish to any state administrator of any state in wh quired by state law.	ich this notice is filed, a notice on Form
The undersigned issuer hereby undertake to offerees.	es to furnich to the state administrators, upon written req	uest, information furnished by the issuer
Uniform Limited Offering Exemption (claiming the availability of the exemption	ne issuer i; familiar with the conditions that must be sati (ULOE) (f the state in which this notice is filed and un on has the burden of establishing that these conditions h mows the contents to be true and has duly caused this	nderstands that the issuer ave been satisfied.
Uniform Limited Offering Exemption (claiming the availability of the exemption The issuer has read this notification and kr	(ULOE) of the state in which this notice is filed and ur on has the burden of establishing that these conditions h	nderstands that the issuer ave been satisfied.
Uniform Limited Offering Exemption (claiming the availability of the exemption The issuer has read this notification and kr	(ULOE) of the state in which this notice is filed and ur on has the burden of establishing that these conditions h	nderstands that the issuer ave been satisfied.
Uniform Limited Offering Exemption (claiming the availability of the exemption) The issuer has read this notification and knowledge and the standard duly authorized person. Issuer (Print or Type)	(ULOE) (f the state in which this notice is filed and ur on has the burden of establishing that these conditions h nows the contents to be true and has duly caused this	nderstands that the issuer ave been satisfied. notice to be signed on its behalf by the
Uniform Limited Offering Exemption (claiming the availability of the exemption) The issuer has read this notification and knotherising duly authorized person.	(ULOE) (f the state in which this notice is filed and ur on has the burden of establishing that these conditions h nows the contents to be true and has duly caused this	nderstands that the issuer ave been satisfied. notice to be signed on its behalf by the Date

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 1)			nvestor and chased in State C-Item 2)		5 Disqualif under S ULOE (attac explanat waiver gr (Part E-I	fication State if yes, ch tion of ranted)
State AL	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
									<u> </u>
AK				_					<u> </u>
AZ								 	-
AR CA		X		8	87,800	0	\$0		X
CT								<u> </u>	
DE									
DC									
FL		X		1	3,500	0	\$0		X
GA					<u> </u>				
НІ						<u> </u>			
ID	 	X		1	300	0	\$0		X
IN							ļ		
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ì		2	3 Type of security			4		Disqual under	State	
	to non-a	to sell ccredited s in State -Item 1)	and aggregate offering price offered in State (Part C-Item 1)	aggregate offering ce offered in State Type of investor and				ULOE (if yes, attach explanation of waiver granted (Part E-Item 1		
		·		· · · · · · · · · · · · · · · · · · ·	 	T	1	(Part E	-Item 1	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NE										
NV	·	 								
NH			-							
NM		-								
NY		X		4	114,900	0	\$0		X	
NC	·							 		
ND										
ОН	 !							 		
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OR										
PA		 								
RI									-	
SC		X		4	48,750	0	\$0		X	
SD										
TN									 	
TX		<u> </u>							ļ	
UT										
VT										
VA										
WA		X		3	27,750	0	\$0	 	X	
WV		 								
WI		-								
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NON-US				2	12,500			 		

