OMB APPROVAL					
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hours per response	16.00				

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



FORM D

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

	SEC USE C	ONLY
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	DATE RECE	IVED
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11		

A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (□ check if this is an amendment and name has changed, and indicate change.)  Group One Productions, LLC  Address of Executive Offices  77 Mercer Street, Suite 2N, New York, New York 10012  Address of Principal Business Operations  (if different from Executive Offices) N/A  Set Description of Business  iotion Picture Production and Development  Type of Business Organization  □ business Organization  □ limited partnership, already formed □ business trust    limited partnership, to be formed   limited partnership, to be formed   Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN of Canada; FN for other Foreign jurisdiction)    DE   Companies	iling Under (Che	ck box(es) that apply):	□ Rule 504	☐ Rule 505	🖾 Rule 506	□ Se	ction 4(6)	□ ULOE
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)  Group One Productions, LLC  Address of Executive Offices  77 Mercer Street, Suite 2N, New York, New York 10012  Address of Principal Business Operations (if different from Executive Offices) N/A  Set Description of Business  fotion Picture Production and Development  Type of Business Organization Corporation Usiness trust  Month Year  Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN of Canada: FN for other Foreign jurisdiction)  DE  Telephone Number (Including Area Code)  T	Type of filing:	123 New Filing	☐ Amendment (	Final)				
Name of Issuer (				A. BASIC ID	ENTIFICATION DATA	4		
Address of Executive Offices 77 Mercer Street, Suite 2N, New York, New York 10012  Address of Principal Business Operations (if different from Executive Offices) N/A    lef Description of Business   dotion Picture Production and Development     Type of Business Organization     corporation     bimited partnership, already formed     business trust     Description of Canada: FN for other Foreign jurisdiction)     Description of Incorporation or Organization: CEnter two-letter U.S. Postal Service abbreviation for State: CN of Canada: FN for other Foreign jurisdiction)     Description of Business Organization     Description of Business Organizati	. Enter the infor	mation requested about t	he issuer					•
Address of Principal Business Operations (if different from Executive Offices) N/A    ief Description of Business   Indian Picture Production and Development			dment and name has	changed, and indicate	change.)		<del></del>	
(if different from Executive Offices) N/A  lief Description of Business  **Jotion Picture Production and Development**  Type of Business Organization  □ corporation □ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ business trust □ Month Year  Actual or Estimated Date of Incorporation or Organization: 11 2006 ☒ Actual □ Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN of Canada; FN for other Foreign jurisdiction)  DE  **Type of Business Organization other (please specify): Limited Liability Compansion other (please specify): Limited Liability Compansion of the CESSED  **Additional Compansion of CESSED**  Alife 2 8 2007			ı, New York 10012		r and Street, City, State,	Zip Code)		nber (Including Area Code)
. Jotion Picture Production and Development  Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ Month Year  Actual or Estimated Date of Incorporation or Organization: ☐ 11 2006 ☒ Actual ☐ Estimated ☐ Burisdiction of Incorporation or Organization: ☐ CN of Canada; FN for other Foreign jurisdiction) ☐ DE  Other (please specify): Limited Liability Companization  Other (please specify): Limited Liability Companization  Other (please specify): Limited Liability Companization  OTHER OF CESSED  AUG 2 8 2007				(Number	r and Street, City, State,	Zip Code)	Telephone Nun	nber (Including Area Code)
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ business trust □ limited partnership, to be formed □ limited partnership, already formed □ limited partnership, to be formed □ limited partnership, to			opment					
Actual or Estimated Date of Incorporation or Organization:  11 2006 🖾 Actual 🗆 Estimated  Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN of Canada: FN for other Foreign jurisdiction)  DE	corporation	Organization				·	other (please s	pecify): Limited Liability Company
FINANCIA			on: (Enter two-letter	11 2006 U.S. Postal Service abb	previation for State:		3	
	<del> </del>	<del></del>				-		FINANCIA

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 496), 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 filled with the SEC.

Filing Fee: There is no federal filing fee.

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 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 a law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

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.

<ul> <li>2. Enter the information requested for the feromoter of the issuer, if the issuer.</li> <li>Each promoter of the issuer, if the issuer.</li> <li>Each beneficial owner having the pown of the issuer;</li> <li>Each executive officer and director of Each general and managing partner or</li> </ul>	uer has been organized with ver to vote or dispose, or di f corporate issuers and of co	rect the vote or disposition of		tnership issues; and
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Please see attached Exhibit A.				
Business or Residence Address (Number an	d Street, City, State, Zip C	ode)		
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 ar	nd Street, City, State, Zip C	ode)		
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 a	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
all Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer Managing Part	☐ Director mer	☐ General and/or
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				·
Business or Residence Address (Number a	and Street, City, State, Zip C	Code)		

A. BASIC IDENTIFICATION DATA

		<u> </u>		B. INFO	RMATIO	N ABOUT	OFFERIN	[G				
1. Has the	issuer sold,	or does the	issuer inte	nd to sell, to	o non-accre	dited invest	ors in this	offering?		•••••		No 🗵
		Ап	swer also i	n Appendix	, column 2,	if filing un	der ULOE.					
2. What is	the minim	ım investm	ent that wil	l be accepte	d from any	individual?					None	
				of a single t							Yes ⊠	No
comm offerin	ission or sing. If a pers	milar remur son to be lis	neration for sted is an as list the name	person who solicitation sociated per of the bro ealer, you n	of purchas rson or age: ker or deale	ers in conne nt of a broke er If more	er or dealer than five (5	registered v	with the SE be listed a	C re		
Full Name Majar, Pete		first, if ind	lividual)									
Business of	r Residence Avenue, 9 <sup>th</sup>	Address (I Floor, New	Number and York, NY	d Street, Cit 10022	y, State, Zi	p Code)			<u> </u>			· _
Name of A			ealer									
				or Intends t								
(Check "A	Il States" o	r check ind	ividual Stat	es)	*************	***************************************					LI A	Il States
[AL] [IL] [MT] [RI]	(AK) [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [E] [NJ] [E][TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] (PA) [PR]
Full Name	(Last nam	e first, if in	dividual)		<del> </del>							
Business of	or Residenc	e Address (	Number an	ıd Street, Ci	ty, State, Z	ip Code)						
Name of A	Associated 1	Broker or D	Dealer							-		
States in v	vhich Perso	n Listed ha	s solicited	or Intends to	o solicit pu	chasers	<u>.</u> .			•	<u> </u>	
(Check "A	All States" o	r check ind	lividual Sta	tes)		******************				************		☐ All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) [PA] [PR]
Full Name	e (Last nam	e first, if in	dividual)	-	-							
Business	or Residence	e Address	(Number a	nd Street, C	ity, State, Z	Cip Code)				<del></del>		
Name of	Associated	Broker or I	Dealer									-
				or Intends t								
(Check "A	All States"	or check inc	dividual Sta	ates)	**************	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**********		. □ All States
[AL] [IL] [MT] [Ri]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[MS] [OR]	[MO]   [PA]

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENS	E AND USE OF PROCEEDS	
<ol> <li>Enter the aggregate offering price of securities included in this offering and the total am already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange check this box               and indicate in the columns below the amounts of the securities offer exchange and already exchanged.</li> </ol>	e offering, ered for	Amount Already
Type of Security	Aggregate Offering Price	Sold
Debt	\$ <u>0</u>	\$
Equity	\$ <u>8,240,000</u>	\$ <u>1,990,000</u> _
☑ Common ☑ Preferred		
Convertible Securities (including warrants)	\$ <u>0</u>	\$
Partnership Interests		\$
Other (Specify)	\$ <u>0</u>	\$
Total Answer also in Appendix, Column 3, if filing under ULOE	\$ <u>8,240,000</u>	\$ <u>1,990,000</u>
2. Enter the number of accredited and non-accredited investors who have purchased securoffering and the aggregate dollar amounts of their purchases. For offerings under Ru indicate the number of persons who have purchased securities and the aggregate dollar their purchases on the total lines. Enter "0" if answer is "none" or "zero."	ile 504,	·
	Number Investors	Aggr. \$ of Purch.
Accredited investors		\$ <u>1,990,000</u>
Non-accredited Investors	0	\$ <u> </u>
Total (for filings under Rule 504 only)	0	\$
If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve prior to the first sale of securities in this offering. Classify securities by type listed in Question 1.	e (12) months	
Type of offering	Type of Security	\$ Amt. Sold
Rule 505		\$
Regulation A		\$
Rule 504	······································	<b>\$</b>
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses. The information may be given as subject to future contingencies. If the amount of a is not known, furnish an estimate and check the box to the left of the estimate.	s of the issuer.	
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees	<b>E</b>	\$ 160,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Travel		\$
Total	_	\$ 160,000
10/41		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE AND USE C	OF PROCEEDS	
1	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 4.2. This difference is the "adjusted gross proceeds to the issuer."		\$_8,080,000
٠.	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 Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ <u>3,500,000</u>	<b>\$</b>
	Purchase of real estate	\$	□\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	□\$
	Construction or leasing of plant buildings and facilities	\$	<b>□\$</b>
	Acquisition of other business (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)	\$	<b>□</b> \$
	Repayment of indebtedness	\$ 150,000	<b></b>
	Working capital.	\$ <u>4,430,000</u>	<b>□</b> \$
	Other (specify):	\$	<b>□</b> \$
	Other (specify):	\$	_ □ <u>\$</u>
	Other (specify):	\$	<u> </u>
	Column totals	\$ <u>8,080,000</u>	<b></b>
	Total Payments Listed (column totals added)	\$ 8,080,000	<b>2</b> \$0.00
	<del>-</del>		

:	D. FEDERAL SIGNATURE	
following signature constitutes an undertaking by the	by the undersigned duly authorized person. If this notice is f he issuer to furnish to the U.S. Securities and Exchange Com any non-accredited investor pursuant to paragraph (b)(2) of R	mission, upon written request of
suer (Print or Type): Group One Productions, LLC	Signature	Date August <u>/</u> \$\( \frac{1}{2007} \)
Name (Print or Type)	Title (Print or Type)	
Brian Edwards	President and Chief Operating Officer	
Intentional misstatements or omissions of fact co	ATTENTION onstitute federal criminal violations. (See 18 U.S.C. 1001.	)

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E. STATE SIGNATURE	
3. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes No □ ⊠
See Appendix, Column 5, for state response.	

- 4. 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.
- 5. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 6. 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): Group One Productions, LLC	Signature Date August 10, 2007
Name (Print or Type)	Title (Print or Type)
Brian Edwards	President and Chief Operating Officer

# FORM D

# Exhibit A

# 2.A. Basic Identification Data

Full Name (Last Name First)	<u>Position</u>	Business or Residence Address
Schwartz, Rick	Beneficial Owner/ Member/Operating Committee Member/ Chief Executive Officer	77 Mercer Street, Suite 2N, New York, New York 10012
Edwards, Brian	Beneficial Owner/Member/ Operating Committee Member/ President and Chief Operating Officer	3255 Granville Avenue Los Angeles, CA 90066
Bernon, Alan J.	Beneficial Owner <sup>1</sup> /Member/ Operating Committee Member	2515 McKinney Ave., Suite 1200, Dallas, TX 75201
Majar, Peter J.	Member/ Operating Committee Member	200 East 61st Street, #11d New York, NY 10021
Frommer, Jeremy	Member/ Operating Committee Member	179 Hillside Avenue Englewood, NJ 07631
Osteen, Talia	Member/Vice President, Development and Production	77 Mercer Street, Suite 2N, New York, NY 10012

The Alan J. Bernon Revocable Trust u/d/t dated 7/9/1993, Alan J. Bernon as Trustee, purchased upon the Initial Closing 65,625 Class A Units, representing as of such date 8.57% of the Company, and has committed, pending the satisfaction of certain future preconditions, to purchase up to an additional 21.43% of the Company. Consequently, as of the date hereof, the Alan J. Bernon Revocable Trust u/d/t dated 7/9/1993, Alan J. Bernon as Trustee, is not a beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of any class of equity, but it is anticipated that such a status will be obtained upon the consummation of planned, subsequent closings.

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		<u> </u>	Type of		<del></del>				lification
			security and						ate ULOE
	Intend to sell to aggregate								s, attach
	1	credited	offering price						nation of
1		s in State	offered in state	Type of inv	vestor and amou	int purchased	in State		granted)
	(Part B	-Item 1)	(Part C-Item 1)		(Part C-Item 2)				E-Item 1)
	1		<b>~</b> 1			Number of		(	
		ļ	Class A	Number of		Non- Accredited	ļ		
C4-4-	V	N.	Units/Class B	Accredited	Amount	Investors	Amount	Yes	No
State AL	Yes	No	Units	Investors	Allouit	IIIVESIO15	Allount	103	110
AL_	<b></b>								
AZ									
AR	<u> </u>							<u> </u>	
CA		<del> </del>	<u></u> .						
CO				<del></del>					
CT	<del> </del>	<del> </del>					<u> </u>		
DE	<del> </del>								
DC	<b> </b>	<del>                                     </del>							
FL					<del></del>		<del></del>		
GA		<b> </b>							
HI	1	1							
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IA	†								
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MN									· · · · · · · · · · · · · · · · · · ·
MS	-							<u> </u>	
MO					ļ		<del> </del>		
MT				ļ					
NE	<u> </u>	-				<del> </del>		-	
NV	<del> </del>	<del> </del>			· · · · · · · · · · · · · · · · · · ·	<b>_</b>	-	<del> </del>	
NH	-	V	Close D II-it-	1	\$240,000	0	0		Х
NJ NM	<del> </del>	X	Class B Units	1	\$240,000	-			
NC NC	<del> </del>		ļ	<del> </del>				<del> </del> -	<del> </del>
ND	+	····	<del> </del>		<del> </del>	<del> </del>	<del> </del>	+	
NY		-				-	<del> </del>		
OH	<del> </del>	<del> </del>		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	+	<u> </u>
OK	<del></del>	<del> </del>		<del> </del>			<del> </del>	<del>                                     </del>	
OR	+	+	<del> </del>	+			<del>                                     </del>		
PA		1		<del>                                     </del>			-		<u> </u>
RI	1	1	<del>.  </del>	<u> </u>			1		<u> </u>
SC	1	<del> </del>		<u> </u>	1		1	1	
SD	<del>                                     </del>	1		<del></del>		1			
TN		T			<del> </del>	<u> </u>	1		1
TX	1	X	Class A Units	1.	\$8,000,000	0	0		X
UT		1							

	2		3	4				5	
			Type of					Disqualification	
			security and					under State ULOE	
	Intend to sell to		aggregate					(if ye	s, attach
	non-accredited		offering price					explanation of	
	investors in State		offered in state	Type of investor and amount purchased in State				waiver granted)	
1	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)			(Part E-Item 1)		
			Class A Units/Class B	Number of Accredited		Number of Non- Accredited			
State	Yes	No	Units	Investors	Amount	Investors	Amount	Yes	No
VT								<u>                                     </u>	
VA									
WA									
WV									
WI									
WY									
PR									

**END**