

RNS Number : 6145E  
Arena Leisure PLC  
29 September 2008

For filings with the FSA include the annex  
For filings with issuer exclude the annex

**TR-1: Notifications of Major Interests in Shares**

**1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:**

Arena Leisure Plc

**2. Reason for notification (yes/no)**

An acquisition or disposal of voting rights	x
An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached	
An event changing the breakdown of voting rights	
Other (please specify): _____	

**3. Full name of person(s) subject to notification obligation:**

BNP Paribas Arbitrage SNC

**4. Full name of shareholder(s) (if different from 3):**

**5. Date of transaction** (and date on which the threshold is crossed or reached if different):

19 September 2008

**6. Date on which issuer notified:**

29 September 2008

**7. Threshold(s) that is/are crossed or reached:**

3.00%

**8: Notified Details**

**A: Voting rights attached to shares**

Class/type of shares If possible use ISIN code	Situation previous to the triggering transaction		Resulting situation after the triggering transaction				
	Number of shares	Number of voting rights	Number of shares	Number of voting rights		Percentage of voting rights	
				Direct	Indirect	Direct	Indirect
GB0000219260	22,888,605	22,888,605	60,917	60,917		0.0167%	

## B: Financial Instruments

### Resulting situation after the triggering transaction

Type of financial instrument	Expiration date	Exercise/conversion period/date	No. of voting rights that may be acquired (if the instrument exercised/converted)	Percentage of voting rights

### Total (A+B)

Number of voting rights	Percentage of voting rights
60,917	0.0167%

### 9. Chain of controlled undertakings through which the voting rights and /or the financial instruments are effectively held, if applicable:

#### Proxy Voting:

10. Name of proxy holder:	
11. Number of voting rights proxy holder will cease to hold:	
12. Date on which proxy holder will cease to hold voting rights:	

**13. Additional information:**

**14 Contact name:**

**15. Contact telephone number:**

*For notes on how to complete form TR-1 please see the FSA website.*

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