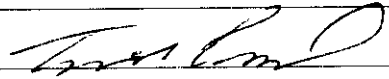
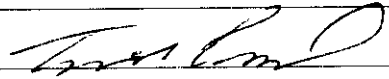
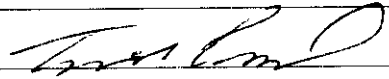


No. W 22868	Due no later than February 29, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable DREAMBIG, PRODUCTIONS, LLC 2024 WILDFLOWER DR NAMPA, ID 83686	TRAVIS COSSEL 2024 WILDFLOWER DR NAMPA, ID 83686 3. <u>New</u> Registered Agent Signature											
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager Owner</td> <td>Travis Cossel</td> <td>2024 Wildflower Dr.</td> <td>Nampa</td> <td>ID</td> <td>83642 83686</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager Owner	Travis Cossel	2024 Wildflower Dr.	Nampa	ID	83642 83686
Office held	Name	Street or P.O. Address	City	State	Zip									
Manager Owner	Travis Cossel	2024 Wildflower Dr.	Nampa	ID	83642 83686									
5. Organized Under the Laws of: IDAHO W 22868	6. <table border="1"> <tr> <td>Signature </td> <td>Date <u>1-14-04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Travis Cossel</u></td> <td>Title <u>Owner</u></td> </tr> </table>		Signature 	Date <u>1-14-04</u>	Name (Typed or Printed) <u>Travis Cossel</u>	Title <u>Owner</u>								
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