

|                                                                                                                                                        |               |                                                                                                                                             |         |                                                              |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 42600</b>                                                                                                                                     |               | <b>Due no later than Sep 30, 2008</b>                                                                                                       |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FRIDA PRODUCTIONS, LLC<br>JAMES R LASKI<br>PO BOX 3310<br>KETCHUM ID 83340 |         | JAMES R LASKI<br>675 SUN VALLEY RD STE A<br>KETCHUM ID 83340 |         |                   |  |
|                                                                                                                                                        |               |                                                                                                                                             |         | 3. <u>New</u> Registered Agent Signature:*                   |         |                   |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                                                                             |         |                                                              |         |                   |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                        | City    | State                                                        | Country | Postal Code       |  |
| MEMBER                                                                                                                                                 | BEX WILKINSON | PO BOX 4976                                                                                                                                 | KETCHUM | ID                                                           | USA     | 83340             |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                           |         |                                                              |         |                   |  |
| <b>ID<br/>W 42600</b>                                                                                                                                  |               | Signature: James R Laski                                                                                                                    |         |                                                              |         | Date: 10/06/2008  |  |
|                                                                                                                                                        |               | Name (type or print): James R Laski                                                                                                         |         |                                                              |         | Title: Auth Agent |  |
| Processed 10/06/2008                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                   |         |                                                              |         |                   |  |