Fo	rm 5500-SF			f Small Employ	/ee		
	artment of the Treasury ernal Revenue Service	This form is required to be filed	d under sections 104 an			2012	
	Department of Labor Benefits Security Administration	Retirement Income Security Act of	1974 (ERISA), and sec	ctions 6057(b) and 6058(			ublic
Pension B	Benefit Guaranty Corporation	Complete all entries in accord	dance with the instruc	tions to the Form 5500	)-SF.	Inspection	
Part I		Ientification Information			0/00/4	2010	
	dar plan year 2012 or fisca	× · · · · □			3/30/2		
	eturn/report is for:			an (not multiemployer)		a one-participant plan	
<b>B</b> This re	eturn/report is:	the first return/report	•				
•		=		/report (less than 12 mo	onths)	—	
C Check	box if filing under:	Form 5558				DFVC program	
Dent II			,				
Part II		<b>nation</b> —enter all requested information	ation		1h	Three digit	
1a Name ESP PRODI	e of plan UCTIONS PROFIT SHAR					plan number	
						(PN) ▶ 001	
					1c	•	
0	<u> </u>					10/01/1993	
	sponsor's name and addre		mployer, if for a single-e	employer plan)	2b	Employer Identification Numb (EIN) 59-3146411	ber
4539 36TH	STREET				2c	Sponsor's telephone number 407-649-8884	r
ORLANDO,	, FL 32811-6527				2d	Business code (see instruction 711300	ons)
3a Plan a	administrator's name and	address XSame as Plan Sponsor N	lame Same as Plan	Sponsor Address	3b	Administrator's EIN	
			—			· · · · · · · · · · · ·	<u>.</u>
name	e, EIN, and the plan numb	plan sponsor has changed since the laber from the last return/report.	ast return/report filed fo	r this plan, enter the			
<u> </u>	sor's name	the states of the sign year				PN	
		0 0 1 7					
					5b	-	2
	· ·	•			5c		2
_						X Yes	No
<b>b</b> Are y under	ou claiming a waiver of th r 29 CFR 2520.104-46? (	ne annual examination and report of a See instructions on waiver eligibility a	an independent qualified and conditions.)	d public accountant (IQF	⊃A)	X Yes [	No
Under pen SB or Sch	nalties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have e	examined this return/rep	ort, in	ncluding, if applicable, a Scheo	
SIGN HERE	Filed with authorized/va	lid electronic signature.	11/27/2013	TATIANA POMBO			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ial sig	ning as plan administrator	
SIGN	Filed with authorized/va	lid electronic signature.	ment Income Security Avt of 1974 (ERISA), and sectors \$057(b) and 6058(a) of the Internal Revenue Code (the Code).       This Form is Open to Public Inspection         orgete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         cation Information       a one-participant plan ere beginning       a nultiple-employer plan is nultiple-employer plan is short plan year return/report is short plan year return/report is short plan year return/report (less than 12 months) is 5568       a unomatic extension         is extension (enter description)       DFVC program is extension (enter description)       001         1c       Effective date of plan 10001/1993       001         2AN       1b       Three-digit plan number (PN)       001         2AN       2b       Employer Identification Number (EN)       001         2c       Sponsor Value       2b       Employer Identification Number (EN)       001         3c       Administrator's EIN       3c       Administrator's EIN         3c       Administrator's telephone number       5b       2         alances as of the end of the plan year (defined benefit plan, enter the the last return/report.       4b       EIN         3c       Administrator's telephone number       5b       2         3c       Administrator's telephone number       5b       2         a of the				
HERE	Signature of employe						
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite number	(optional)	Prep	arer's telephone number (opti	onal)

l

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	59713	81			602180
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	59713	81			602180
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	0-(4)		0			
	(1) Employers	8a(1)		0			
	<ul> <li>(2) Participants</li></ul>	8a(2)		0			
h	(3) Others (including rollovers) Other income (loss)	8a(3)	504	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	504	9			E040
-	Benefits paid (including direct rollovers and insurance premiums	<u> </u>			-		5049
	to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					5049
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature code	s from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
Par	t V Compliance Questions						1
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correc	tion Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		x	
С	Was the plan covered by a fidelity bond?			10c	X		75000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth	er persons b	y an insurance carrier,				
	insurance service or other organization that provides some or all o			10e		х	
f	instructions.)					Х	
f				10f			
g		,	,	10g		Х	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•••••		10h		х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	•		10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ig amortized	in this plan year, see instrue		, and e	enter th Day	he date of the letter ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Form	5500), and skip to line 13.				

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual Re	turn/Report c enefit Plan	of Small Employ	ee		OMB Nos. 1 1	210-0110 210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 104 a	and 4065 of the Employee	9		2012	
Department of Labor Employee Benefits Security Administration		I Revenue Code (the	Code).			is Open to F	Public
Pension Benefit Guaranty Corporation	Complete all entries in accordance	ance with the instru	ctions to the Form 5500	)-SF.	<u>]</u>		
For calendar plan year 2012 or fisc	dentification Information	10/01/2012	and ending	0	9/30/2013	<u> </u>	
			lan (not multiemployer)		a one-partici	pant plan	
B This return/report is:		the final return/report		L			
		•	rn/report (less than 12 m	onths)	1		
C. Ob each have if filling updage	<u></u>	automatic extension			DFVC progra	am	
C Check box if filing under:	special extension (enter description			1			
Destall Desig Dian Infor			· · · · · · · · · · · · · · · · · · ·				····
Part II Basic Plan Infor 1a Name of plan	mation enter all requested inform			1b	Three-digit		
ESP Productions Prod	fit Charing Plan				plan number (PN) ►	001	
Line	LL Sharing Fran			1c	Effective date of	·	
P.		<u> </u>			10/01/1993		
2a Plan sponsor's name and add	ress; include room or suite number (er al Productions, Inc.	mployer, if for a single	e-employer plan)	2b	Employer Ident (EIN) 59-31		nber
A i				2c	Sponsor's telep		∋r
4539 36th Street				2d	(407) 649- Business code		tions)
770 0-1 1-	FL 32811-6527			20	711300	(555 1161105	
US Orlando 3a Plan administrator's name an	d address X Same as Plan Sponsor	Name 🗌 Same as	Plan Sponsor Address	3b	Administrator's	EIN	
				3c	Administrator's	telephone n	umber、
ai à d							
L y.							<u>, i i i i i i i i i i i i i i i i i i i</u>
A ' If the name and/or FIN of the	plan sponsor has changed since the la		for this plan enter the	4b	EIN		
If the name and/or EIN of the and and the plan num	ber from the last return/report.	ast retarminoport mou				<u> </u>	4/4-544 - 2-44
a Sponsor's name				4c	PN		<u> </u>
	at the beginning of the plan year			<u>5a</u>		2	
<b>b</b> Total number of participants a	at the end of the plan year	les weet (defined bor	ofit plana do not	5b		2	
	ccount balances as of the end of the p			<u>5c</u>		2	
	during the plan year invested in eligible					X Yes	No
<b>b</b> Are you claiming a waiver of	the annual examination and report of a	in independent qualifi	ed public accountant (IQI	PA)		<b>T</b>	
	(See instructions on waiver eligibility a		·····			X Yes	N0
	her line 6a or line 6b, the plan canno					,	; ·
	or incomplete filing of this return/replete filing of this return/replete penalties set forth in the instruction					licable. a Sc	hedule
SB or Schedule MB completed a	nd sig <b>y</b> ed by an enrolled actuary, as w	ell as the electronic v	ersion of this return/report	rt, and	to the best of n	ny knowledg	e and
belief, it is true, correct, and com	plete/					<u> </u>	
sign	<u>H</u>	11-12-13	Bruce Hart				· · · · · · · · · · · · · · · · · · ·
HERE Signature of plan adm	inistrator	Date	Enter name of individua	al sign	ning as plan adm	ninistrator	·
SIGN SIGN	// 000	11-12-13	Bruce Hart				
HERE Signature of employer		Date	Enter name of individua	1			
Preparer's name (including firm n	name, if applicable) and address; includ	de room or suite num	ber (optional)	Prep	arer's telephone	a number (op	stional)
							2.9°
Cat							
310.3	Notice and OMB Control Numbers, s	see the instructions	for Form 5500-SF.	La Ch	<u> - 1991 - 1991 - 19</u>	Form 5500-S	SF (2012)
Cor Paperwork Reduction Act I	NOLICE AND OND CONTON NUMBERS, S				•		v.120126
	·						***,

Form 5500-SF 2012

.....

ùre'.

Page **2** 

Pa	rt III Financial Information								12.
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of	Year	
a	Total plan assets	7a	597,1	31				602,	180
b	Total plan liabilities	7b		· · ·					
	Net plan assets (subtract line 7b from line 7a)	7c	597,1	31				602,	180
t	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
а	Contributions received or receivable from:	0(4)		0					
	(1) Employers	8a(1)		0			<u>) - 1995 - 19</u> Status (1995 - 19		
	(2) Participants	8a(2)	· · · · · ·	0		<u>(1</u> 1993) 1974 - 1975			
- la	(3) Others (including rollovers)	8a(3)		40				1.1	
	Other income (loss)	8b	5,0	49				<u> </u>	<u></u>
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			i Distant	<u></u>	- The stars	5,	049
	to provide benefits)	8d							
F- F-	Certain deemed and/or corrective distributions (see instructions)	8e							شیر به سینی در از
1	Administrative service providers (salaries, fees, commissions)	8f		0					مر المراجد المراجع المراجع الم
¥i	Other expenses	8g	· · · · · · · · · · · · · · · · · · ·	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u></u>	Net income (loss) (subtract line 8h from line 8c)	8i						5,	049 ~~
_ <del></del>	Transfers to (from) the plan (see instructions)	8j	The Alexandree and the second s						an a
-5	rt IV Plan Characteristics	0]	· · · · · · · · · · · · · · · · · · ·		1944		<u> </u>	<u> </u>	<u> </u>
li <del>n i</del>		4	les from the List of Disp Charge	toriati			ha inatruatia		
ya	If the plan provides pension benefits, enter the applicable pension fe	eature coo	les from the List of Plan Charac	teristi	c Cod	es in t	ne instructio	ons:	-
·····	2E 3D		· · · · · · · · · · · · · · · · · · ·						·
Ċ	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Characte	eristic	Code	s in the	e instructior	s:	s an group a star s s - Sharkata group sata s - star
Pa	rt V Compliance Questions		·····						÷ : : : :
<u>.</u>	During the plan year:	<u></u>			Yes	No	А	mount	
<u>f</u> a	······································			10a		x			· · · · ·
d 🗍									······
,	on line 10a.)			10b		x			· ·.
c	Was the plan covered by a fidelity bond?		****	10c	x				75,000
d d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-	-	10d		x			، یہ دیت بر
e	Were any fees or commissions paid to any brokers, agents, or oth	ner persor	s by an insurance carrier,						
	insurance service or other organization that provides some or all o	of the ben	efits under the plan? (See						
	instructions.)			10e		x			
	Has the plan failed to provide any benefit when due under the plan	ı? <b></b>		10f		X			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year o	end.)	10g		x			<u>.</u>
	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		x			
i	If 10h was answered "Yes," check the box if you either provided th	ne require	d notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
<u>Pa</u>	t VI Pension Funding Compliance	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
or E	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	-							s 🕱 No
11:	Enter the amount from Schedule SB line 39		••••••••			11a			
12	Is this a defined contribution plan subject to the minimum funding					02 of I	ERISA?	Yes	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								··-
a,	If a waiver of the minimum funding standard for a prior year is beir								uling
1	granting the waiver			nth _		_ Da	у	Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.		<del></del>			· · · · · · · · · · · · · · · · · · ·	مىيىتىيە بىر بىلە ئاند
b	Enter the minimum required contribution for this plan year					12b			
									in a

Earma	5500-SF	0040
roim	2200-25	2012

	r	
Page	3-	
i age		

Earm 5500 (	SE 2012	Page 3-				
Form 5500-	SF 2012		<u></u>			
	t contributed by the employer to the pla	n for this plan year		12c	•	
d Subtract the amo	ount in line 12c from the amount in line	12b. Enter the result (enter a minus sign to the	e left of a	12d	.,	
		e met by the funding deadline?		└╌╶┎═╧	Yes 🗌	No □ N//
	erminations and Transfers of				<u> </u>	<u></u>
	······································	any plan year?		Yes	s X No	)
If "Yes," enter the	e amount of any plan assets that revert	ed to the employer this year		13a		
		neficiaries, transferred to another plan, or brou			Ē	Yes 🗷 N
c If during this plar	year, any assets or liabilities were trar	sferred from this plan to another plan(s), ident				<del>,</del>
which assets or I 13c(1) Name of pla	iabilities were transferred. (See instruct an(s):	ions.)	13	c(2) EIN(s	)	13c(3) PN(s)
		· · · · · · · · · · · · · · · · · · ·			<u></u>	······································
art VIII Trust I	nformation (antional)	,				
	nformation (optional)	11 A <sub>10</sub>		<b>14b</b> Tru	ist's FIN	· · · · · ·
a Name of trust	·					
				1		
2 C	· · ·			<u>ļ</u>	<u> </u>	79
• •						
ę						
1990 - A						
-						
रहे. जा इ						
						*
—- 2.						- - -
11 d A -						
	and the second					
n. Li						