-	m 5500-SF	F Short Form Annual Return/Report of Small Empl Benefit Plan				OMB Nos. 1210-0 1210-00		
	tment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R			etirement	2014		
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of th Employee Benefits Security Administration Revenue Code (the Code).					This Form is Open			
Pension Benefit Guaranty Corporation Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF. 						ic inspection		
Part I		dentification Information cal plan year beginning 10/01/2014		and ending 09/	30/2015			
A This ret	urn/report is for:	Image: Sector plan a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) Image: Ima						
C Check b	box if filing under:	Form 5558 automatic extension DFVC program special extension (enter description) DFVC program					m	
Part II		mation—enter all requested inform	nation		4 -			
1a Name ESP PRODU	of plan JCTIONS PROFIT SHA	ARING PLAN			1b Thre plan (PN	number	001	
					· · ·	ctive date of 10/01/		
	consor's name and add MENT SPECIAL PROD	Iress; include room or suite number (e DUCTIONS, INC.	employer, if for a single-	employer plan)	2b Emp (EIN	oloyer Identification Number		
4539 36TH S	TREET				2c Spo	onsor's telephone number 407-649-8884		
ORLANDO, FL 32811-6527					2d Busi	siness code (see instructions) 711300		
3a Plan administrator's name and address Same as Plan Sponsor.			3b Adm	ministrator's EIN				
 Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN 								
a Sponse		hber from the last return/report.			4c PN			
5a Total r	number of participants	at the beginning of the plan year			5a		2	
		at the end of the plan year			5b		2	
comple	ete this item)	account balances as of the end of the			5c		2	
. ,		ticipants at the beginning of the plan y			5d(1)		2	
		ticipants at the end of the plan year			5d(2)		2	
less the	an 100% vested	rminated employment during the plan	year with accrued bene		5e		0	
Under pena SB or Sche	alties of perjury and oth dule MB completed an true, correct, and comp		ns, I declare that I have	examined this return/rep	ort, includi	ng, if applica	able, a Schedule knowledge and	
SIGN HERE	Filed with authorized/v	alid electronic signature.						
	Signature of plan ac	Iministrator	Date	Enter name of individu	ual signing	as plan adm	ninistrator	
SIGN HERE								
	Signature of employ name (including firm na	/er/plan sponsor ame, if applicable) and address (inclue	Date de room or suite numbe	Enter name of individu r) (optional)			r or plan sponsor number (optional)	
							,	

6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
c	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined							
-	t III Financial Information					100		
7 Fai								
<u> </u>	Plan Assets and Liabilities	7.	(a) Beginning of Yea		_		(b) End of Year 677027	
<u>a</u>							0	
	Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from:						(D) I Otal	
u	(1) Employers	8a(1)	490	000				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-107	76				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					38224	
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d			_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	16	674	_			
	Administrative service providers (salaries, fees, commissions)	8f		074	_			
	Other expenses	8g			_		4074	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1674	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			_		36550	
-	j Transfers to (from) the plan (see instructions)							
	t IV Plan Characteristics							
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in tl	he instructions:	
	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
Part	V Compliance Questions							
10								
а	Was there a failure to transmit to the plan any participant contribu					X		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	-		10a		Х		
D	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								
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		х		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х		
a	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		х		
.	 b) the plan have any participant loans? (if res, enter another as or year end.) h) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 					~		
	2520.101-3.)					Х		
•	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
	Part VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below).							
11a	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a							
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					-		
2	If a waiver of the minimum funding standard for a prior year is heir			otiono	and	ontor th	a data of the latter ruling	

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a	12d				
e Will the 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 resolution to terminate the plan been adopted in any plan year?		· 🗆 ۲	Yes X No			
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s):	3c(2) El	IN(s)	13c(3) PN(s)			
Part VIII Trust Information (optional)						
14a Name of trust		14b ⊺⊧	rust's EIN			

FORM 5500-SF SHOLLFUHH AHHUALKELUH/REDOLLULSIHAH EINDIDVEE						OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service	are reasury					2014		
Department of Labor Employee Benefits Security Administration	blogee Benefits Security Administration the Internal Revenue Code (the Code). Inspection							
	 Complete all entries in acco lentification Information 	ordance with the instru	ictions to the Form 550	0-SF.				
For calendar plan year 2014 or fisca		10/01/2014	and ending	09	9/30/2015			
A This return/report is for:		a multiple-employer	blan (not multiemployer) byer information in accor	(Filers	checking this bo			
B This return/report is:	a one-participant plan the first return/report an amended return/report] a foreign plan the final return/report	ırn/report (less than 12 n	a antha ì				
C Check box if filing under:		automatic extension	inneport (less than 12 h	1011118)	DFVC progra	m		
	special extension (enter descript	ion)		-				
Part II Basic Plan Inform	nation enter all requested inf	ormation	·					
1a Name of plan ESP Productions Prof.					Three-digit plan number (PN) ►	001		
				1c	Effective date o 10/01/1993			
2a Plan sponsor's name and addr Entertainment Specia	ess; include room or suite number 1 Productions, Inc.	(employer, if for a singl	e-employer plan)		Employer Identi (EIN) 59-31			
4539 36th Street				2c	2c Sponsor's telephone number (407) 649-8884			
4539 36th Street US Orlando FL 32811-6527					2d Business code (see instructions) 711300			
3a Plan administrator's name and	address X Same as Plan Spons	sor Name		3b	Administrator's	EIN		
				3c	Administrator's	telephone number		
name, EIN, and the plan numb	lan sponsor has changed since the er from the last return/report.	e last return/report filed	for this plan, enter the	4b	EIN	·····		
a Sponsor's name				4c				
5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year				5a 5b		2		
c Number of participants with ac	count balances as of the end of the	e plan year (defined ben	efit plans do not	50 50		22		
d(1) Total number of active partic				5d(1)	2		
d(2) Total number of active partic	ipants at the end of the plan year			5d(2)	2		
 d(2) Total number of active participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 			nefits that were	56		· 0		
Caution: A penalty for the late or	incomplete filing of this return/	eport will be assessed	d unless reasonable ca	use is	established.			
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instructi I signed by an enrolled actuary, as	ons, I declare that I hav	e examined this return/re	eport, ir	ncluding, if appli			
SIGN Bruce Hart								
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					nistrator			
SIGN Bruce Hart								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer					or plan sponsor			
Preparer's name (including firm nar	me, if applicable) and address; incl	ude room or suite numb	ver (optional)	Prepa	arer's telephone	number (optional)		
For Paperwork Reduction Act Nc	tice and OMB Control Numbers	see the instructions f	or Form 5500-SF			orm 5500-SF (2014)		
· · · · upontoin Reduction Act No	site and one contor numbers,	see the matriculus i			FU	v.140124		

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 							
	XYes No						
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	XYes No						
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	No Not determined						
Part III Financial Information							
7 Plan Assets and Liabilities (a) Beginning of Year (b)	b) End of Year						
a Total plan assets 7a 640,477	677,027						
b Total plan liabilities 7b	0						
c Net plan assets (subtract line 7b from line 7a) 8 Income Expenses and Transfers for this Plan Year (a) Amount	677,027						
8 Income, Expenses, and Transfers for this Plan Year (a) Amount a Contributions received or receivable from: Income (a) Amount	(b) Total						
(1) Employers							
(2) Participants							
(3) Others (including rollovers)							
b Other income (loss)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums 8c	38,224						
to provide benefits)							
e Certain deemed and/or corrective distributions (see instructions) 8e							
f Administrative service providers (salaries, fees, commissions) 8f 1,674							
g Other expenses							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	1,674						
i Net income (loss) (subtract line 8h from line 8c)	36,550						
j Transfers to (from) the plan (see instructions)							
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the i	instructions:						
2E 3D							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Dest W Compliance Questions							
	Part V Compliance Questions						
	Amount						
a Was there a failure to transmit to the plan any participant contributions within the time period described in	Amount						
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X	Amount						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Image: Construction of the second s	Amount						
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X							
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29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 10d X d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) 10g X i If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 10i 2 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29	75,000						
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	Form 5500-SF 2014 F	age 3-						
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a megative amount)		12d					
е	Will the 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	3a Has a resolution to terminate the plan been adopted in any plan year?					Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?							
С	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)							
14a N	lame of trust			14b Ti	rust's EIN			