Department of the Treasury Internal Revenue Service       Benefit Plan       2017         Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation       This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).       This Form is Open to Public Inspection         Part I       Annual Report Identification Information       • Complete all entries in accordance with the instructions to the Form 5500-SF.       This Form is Open to Public Inspection         For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         A This return/report is for:       a single-employer plan       a single-employer plan       a foreign plan         B This return/report is       the first return/report       the first return/report       a short plan year return/report (less than 12 months)
Employee Benefits Security Administration       Revenue Code (the Code).       This Form is Open to Public Inspection         Pension Benefit Guaranty Corporation
Period benefit Guaranty corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.         Part I       Annual Report Identification Information         For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         A This return/report is for:       Image: Complete all entries in a coordance with the instructions of participating employer plan       Image: Complete all entries in accordance with the instructions of the first return/report         B This return/report is       Image: Complete all entries in accordance with the final return/report       Image: Complete all entries in accordance with the final return/report
For calendar plan year 2017 or fiscal plan year beginning       01/01/2017       and ending       12/31/2017         A This return/report is for:       Image: a single-employer plan       Image: a multiple-employer plan       Image: a multiple
A This return/report is for: <ul> <li>a single-employer plan</li> <li>a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</li> <li>a one-participant plan</li> <li>the first return/report</li> <li>the first return/report</li> <li>the first return/report</li> <li>the first return/report</li> </ul>
A This return/report is for:       Ist of participating employer information in accordance with the form instructions.)         B This return/report is       the first return/report
B This return/report is
the first return/report the final return/report
an amended return/report la short plan year return/report (less than 12 months)
C Check box if filing under:
special extension (enter description)
Part II Basic Plan Information—enter all requested information
1a Name of plan   1b Three-digit
WORLDWIDE TICKETS & LABELS 401(K) PROFIT SHARING PLAN       plan number         (PN) ▶       001
<b>1c</b> Effective date of plan
01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan)       2b Employer Identification Number         Mailing address (include room, apt., suite no. and street, or P.O. Box)       (FIN)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WORLDWIDE TICKETS & LABELS, INC. 954-426-5754
<b>2d</b> Business code (see instructions)
3606 QUANTUM BLVD. 323100
3a Plan administrator's name and address 🛛 Same as Plan Sponsor. 3b Administrator's EIN
<b>3c</b> Administrator's telephone number
<ul> <li>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.</li> <li>4b EIN</li> </ul>
a Sponsor's name <b>4d</b> PN
C Plan Name
5a       5a       83         b       Total number of participants at the end of the plan year       5b       51
C. Number of participants with economic belongers of the plan year (only defined contribution plans
complete this item)
d(1) Total number of active participants at the beginning of the plan year
d(2) Total number of active participants at the end of the plan year
e       Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested       5e       0
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.
SIGN Filed with authorized/valid electronic signature. 06/26/2018 TRACEY GEREN
HERE         Signature of plan administrator         Date         Enter name of individual signing as plan administrator
SIGN
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

2G 2J 2K 2T 3D

Part IV Plan Characteristics

i i

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9a

b

2E

2F

<b>^</b> -									
6a	Were all of the plan's assets during the plan year invested in eligib								
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								
	If you answered "No" to either line 6a or line 6b, the plan cann								
с	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determine If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions								
Pa	rt III Financial Information	1		1					
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	. 7a	1758410	1445400					
b	Total plan liabilities	7b							
С									
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
<u>8</u> a	Contributions received or receivable from:	- (1)		(b) Total					
		. 8a(1)	(a) Amount 77556	(b) Total					
	Contributions received or receivable from:	8a(1) 8a(2)		(b) Total					
	Contributions received or receivable from: (1) Employers		77556	(b) Total					
a	Contributions received or receivable from: (1) Employers	. 8a(2)	77556	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	77556 146807	(b) Total					
a b	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	77556 146807						
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	77556 146807 224955						
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	77556 146807 224955						

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

762328

-313010

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	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		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		200000
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		х	
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		12116
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		9457
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i			

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Page 3- 1

Part	VI	Pension Funding Compliance				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch m 5500) and line 11a below)	edule S	SB	·	Yes X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA? 'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 c	f	. 🛛	Yes X No
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and ting the waiver	d enter Da		of the lette _ Year _	
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Ente	r the minimum required contribution for this plan year	12b			
С	Ente	the amount contributed by the employer to the plan for this plan year	12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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	Has	a resolution to terminate the plan been adopted in any plan year?		X Yes	N	lo
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a			C
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?		. [	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ch assets or liabilities were transferred. (See instructions.)	) to			
1	3c(1	) Name of plan(s): 13c(2)	EIN(s)		13c(3	<b>8)</b> PN(s)

Form 5500-SF	Short For	m Annual	Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is requi	red to be filed u	etirement	2017					
Department of Labor Employee Benefits Security Administration	Income Security	Act of 1974 (E	Internal	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation			cordance with the inst	ructions to the Form 55	500-SF.				
Part I Annual Report lo				and ending 12/3	1/2017				
For calendar plan year 2017 or fisc		Г				ing this hav must attach a			
A This return/report is for:	X a single-employe					ing this box must attach a ith the form instructions.)			
B This return/report is									
	the first return/rep	port	the final return/report						
	an amended retu	rn/report	a short plan year retur	m/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	(optor descript	] automatic extension		DFVC p	rogram			
Dest II Desis Dieu Infer		· ·							
Part II Basic Plan Infor	mation—enter all	requested inform	mation		1b Three	o digit			
<b>1a</b> Name of plan Worldwide Tickets & Labels 401(k) F	Profit Sharing Dian					number			
Violidwide Tickets & Labels 401(k) F	Front Sharing Flan				(PN)	• 001			
						tive date of plan 1/2006			
2a Plan sponsor's name (employe Mailing address (include room	, apt., suite no. and	street, or P.O. E				oyer Identification Number 65-0888161			
City or town, state or province, Worldwide Tickets & Labels, Inc.	country, and ZIP or	foreign postal (	code (if foreign, see inst	ructions)	2c Spor	nsor's telephone number (954) 426-5754			
						ness code (see instructions)			
3606 Quantum Blvd.					3231	00			
Boynton Beach, FL 33426									
3a Plan administrator's name and	address X Same	as Plan Sponso	or.		<b>3b</b> Admi	nistrator's EIN			
				e.	3c Admi	nistrator's telephone number			
4 If the name and/or EIN of the	plan sponsor or the	plan name has	changed since the last r	eturn/report filed for	4b EIN				
this plan, enter the plan spons <b>a</b> Sponsor's name	sor's name, EIN, the	plan name and	the plan number from t	he last return/report.	4d PN				
C Plan Name									
Eo. Taula de la compañía de la compa	4 4 h a h a - 1				5a	83			
<b>5a</b> Total number of participants a					5b	51			
<ul> <li>b Total number of participants a</li> <li>c Number of participants with ac</li> </ul>					5c	51			
complete this item)					5d(1)	65			
d(1) Total number of active parti			-		5d(2)	0			
<b>d(2)</b> Total number of active part <b>e</b> Number of participants who to									
than 100% vested					5e	0			
Caution: A penalty for the late of	r incomplete filing	of this return/r	eport will be assessed	l unless reasonable cau	use is estal	olished.			
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	signed by an enrol	in the instruction led actuary, as	ons, I declare that I have well as the electronic ve	e examined this return/re rsion of this return/repor	t, and to the	best of my knowledge and			
SIGN MILL	Alres -		6.26-18	Tracey Geren					
HERE Signature of plan ad			Date	Enter name of individ	ual signing	as plan administrator			
SIGN					<u>v _</u> _				
HERE Signature of employ	er/nlan enoncor		Date	Enter name of individ	ual signing	as employer or plan sponsor			
For Paperwork Reduction Act Notice		for Form 5500-S		_ Enter name of individ	aar orgining	Form 5500-SF (2017) v.170203			

2018-06-16T10-01.41.587-05.00

Form 5500-SF 2017

Page 2

6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (	See instructions.)				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann	iot use Forr	n 5500-SF and mus	t instea	ad use	Form	5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogra <mark>m</mark> (see ERISA se	ection 4	021)?		Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pre	emiu <mark>m</mark> filing for this p	lan yea	r		(See instructions.)
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year	T		(b) End of Year
a	Total plan assets	7a	(2) 2099	17584			1445400
	Total plan liabilities	7b	1				
	Net plan assets (subtract line 7b from line 7a)	7c		17584	10		1445400
8	Income, Expenses, and Transfers for this Plan Year	and the set	(a) Amour	ıt			(b) Total
Concession of the local division of the loca	Contributions received or receivable from: (1) Employers	8a(1)		7755	6		
	(2) Participants	8a(2)		14680	07		
	(2) Others (including rollovers)	8a(3)			1		
b	Other income (loss)	8b		22495	55		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					449318
	Benefits paid (including direct rollovers and insurance premiums						Sec. Sec.
	to provide benefits)	8d		76054	1	51	
	Certain deemed and/or corrective distributions (see instructions)	8e		170	7	-	
f	Administrative service providers (salaries, fees, commissions)	8f		178	57	101	
<u> </u>	Other expenses	8g					700000
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	ويتروم التأثر والمراجب				762328
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i -					-313010
J	Transfers to (from) the plan (see instructions)	8j					
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature code	es from the List of Pl	an Cha	racteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code:	s from the List of Pla	n Chara	acterist	ic Cod	es in the instructions:
	·····						
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu descr bed in 29 CFR 2510.3-102? (See instructions and DOL's V					x	
h	Program)			10a			
D	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х	
C	Was the plan covered by a fidelity bond?			10c	х		200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of th	by a <mark>n i</mark> nsurance le benefits under	10e	x		12116
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-en	d.)	10g	х		9457
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х	
i		he required i		10i			

Page 3-	1
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Part	VI Pension Funding Compliance				<u>.</u>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			B	. [] Y	es 🗙 No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ectio	n 302 o	f	. <b>Y</b>	es 🗙 No		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	s, an	d enter Da		of the letter Year	ruling		
lf	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 minus sign to the left of a negative 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	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	s 🗌 No	>		
	If "Yes," enter the amount of any plan assets tha <mark>t</mark> reverted to the employer this yea <mark>r</mark>		13a			0		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Yes X No							
c	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	13c(1) Name of plan(s): 1	3c(2	) EIN(s)		13c(3)	PN(s)		