

2012

CT-2

New York State Department of Taxation and Finance

Corporation Tax Return Summary

2c Legal name of corporation 2c. OFF BEAT PRODUCTIONS INC

Payment enclosed 8. 25.00

1	Return type	1.	CT3S
2a	Employer ID number (EIN)	2a.	16-1546143
2b	File number (FCC)	2b.	AA1
3	Period beginning date (mm-dd-yy)	3.	01-01-12
4	Period ending date (mm-dd-yy)	4.	12-31-12
5	Amended ( Y = 1; N = 0 )	5.	0
6	Address change ( Y = 1; N = 0 )	6.	1
7	Final ( Y = 1; N = 0 )	7.	0
9	NAICS code	9.	512100
10	MTA indicator ( None = 0; Y = 1; N = 2; Both = 3 )	10.	
11a	Type of bank - Clearinghouse ( Y = 1; N = 0 )	11a.	
11b	Type of bank - Savings ( Y = 1; N = 0 )	11b.	
11c	Type of bank - Other commercial ( Y = 1; N = 0 )	11c.	
12	Federal 1120-H filed ( Y = 1; N = 0 )	12.	
13	REIT/RIC indicator ( Y = 1; N = 0 )	13.	
14	QSSS indicator ( Y = 1; N = 0 )	14.	0
15	Form ID number	15.	440001121045
16	Tax sub type	16.	23
17	Tax due/MTA surcharge	17.	25.00
18	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	18.	
19	Return a Gift to Wildlife	19.	
20	Breast Cancer Research and Education Fund	20.	
21	Prostate Cancer Research, Detection, and Education Fund	21.	
22	9/11 Memorial	22.	
23	Volunteer Firefighting & EMS Recruitment Fund	23.	
24	Balance due	24.	25.00
25	Amount of overpayment credited to next period - NYS	25.	
26	Refund of overpayment	26.	
27	Refund of unused tax credits	27.	
28	Tax credits to be credited as an overpayment to next year's return	28.	
29	Amount of overpayment credited to next period - MTA	29.	
30	Amount of MTA surcharge retaliatory tax credit to be refunded	30.	
31	Total license fee	31.	
32	Maintenance fee due	32.	
33	Fixed dollar minimum	33.	
34	(Combined) parent's EIN	34.	
35	New York receipts	35.	
36	Alternative entire net income (ENI) percentage	36.	
37	Computation of issuer's allocation percentage	37.	
38	Issuer's allocation percentage	38.	
39	Paid preparer's EIN	39.	16-1474140

For office use only

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2012

**New York S Corporation Franchise Tax Return**  
Tax Law – Articles 9-A and 22

**CT-3-S**

All filers must enter tax period:

Final return (see instr., page 5)  Amended return

beginning  ending

Employer identification number (EIN) <b>16-1546143</b>	File number <b>AA1</b>	Business telephone number <b>716-632-7886</b>	If you have any subsidiaries incorporated outside NYS, mark an X in the box <input type="checkbox"/>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>OFF BEAT PRODUCTIONS INC</b>		Trade name/DBA		
Mailing name (if different from legal name above) c/o		State or country of incorporation <b>NEW YORK</b>	Date received (for Tax Department use only)	
Number and street or PO box <b>5260 RODGERS RD B1</b>		Date of incorporation <b>04-25-97</b>		
City <b>HAMBURG</b>	State <b>NY</b>	ZIP code <b>14075-</b>	Foreign corporations: date began business in NYS	
NAICS business code number (from federal return) <b>512100</b>	If address/phone above is new, mark an X in the box <input checked="" type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		Audit (for Tax Department use only)
Principal business activity <b>FILM PRODUCTION</b>				
Has the corporation revoked its election to be treated as a New York S corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, enter effective date:		Number of shareholders <b>2</b>		

<b>A</b> Pay amount shown on line 46. Make payable to: <b>New York State Corporation Tax</b>	Payment enclosed
Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>25.</b>

You must attach a copy of the following: (1) federal Form 1120S as filed; (2) Form CT-34-SH; (3) Form CT-3-S-ATT (if required; see instructions); and (4) any applicable credit claim forms.

- B If you filed a return(s) other than federal Form 1120S, enter the form number(s) here .....
- C If you included a qualified subchapter S subsidiary (QSSS) in this return, mark an X in the box and attach Form CT-60-QSSS .....
- D Have you underreported your tax due on past returns? To correct this without penalty, visit our Web site (see instructions).
- E Enter your business allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule A, you must enter either 0 or 100) ....  %
- F Enter your investment allocation percentage (if you did not complete Form CT-3-S-ATT, Schedule B, you must enter either 0 or 100) .  %
- G Did the S corporation make an IRC section 338 or 453 election? ..... Yes  No
- H Did this entity have an interest in real property located in New York State during the last three years? .... Yes  No
- I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? Yes  No
- J If the IRS has completed an audit of any of your returns within the last five years, list years
- K If this return is for a New York S termination year, mark an X in the appropriate box to indicate which method of accounting was used for the New York S short year (see instructions, page 5) ..... Normal accounting rules  Daily pro rata allocation
- L Issuer's allocation percentage (see instructions) .....  %
- M Mark an X in the box if you are filing Form CT-3-S as a result of the mandatory New York S election of Tax Law, Article 22, section 660(i) ..
- N Eligible qualified New York manufacturers mark an X in this box (see instructions) .....
- O Did you include a disregarded entity in this return? (mark an X in the appropriate box) ..... Yes  No   
If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.



Legal name of disregarded entity	EIN
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Provide the information for lines 1 through 10 from the corresponding lines on your federal Form 1120S, Schedule K, total amount column. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

1	Ordinary business income or loss .....	1	3,650.
2	Net rental real estate income or loss .....	2	
3	Other net rental income or loss .....	3	
4	Interest income .....	4	
5	Ordinary dividends .....	5	
6	Royalties .....	6	
7	Net short-term capital gain or loss .....	7	
8	Net long-term capital gain or loss .....	8	
9	Net section 1231 gain or loss .....	9	
10	Other income or loss .....	10	
11	Loans to shareholders (from federal Form 1120S, Schedule L, line 7, columns b and d)		
	Beginning of tax year ● <input type="text"/> End of tax year ● <input type="text"/>		
12	Total assets (from federal Form 1120S, Schedule L, line 15, columns b and d)		
	Beginning of tax year ● <input type="text"/> End of tax year ● <input type="text"/>		
13	Loans from shareholders (from federal Form 1120S, Schedule L, line 19, columns b and d)		
	Beginning of tax year ● <input type="text"/> End of tax year ● <input type="text"/>		

Provide the information for lines 14 through 21 from the corresponding lines on your federal Form 1120S, Schedule M-2. (Show any negative amounts with a minus (-) sign; do not use parentheses or brackets.)

	A Accumulated adjustments account	B Other adjustments account	C Shareholders' undistributed taxable income previously taxed
14	Balance at beginning of tax year .....	1,107.	
15	Ordinary income from federal Form 1120S, page 1, line 21 .....	3,650.	
16	Other additions .....		
17	Loss from federal Form 1120S, page 1, line 21 .....		
18	Other reductions .....		
19	Add lines 14 through 18 .....	4,757.	
20	Distributions other than dividend distributions ..	4,317.	
21	Balance at end of tax year. Subtract line 20 from line 19 .....	440.	

**Computation of tax** (see instructions)

You must enter an amount on line 22; if none, enter 0.

22	New York receipts .....	22	12,165.
23	Fixed dollar minimum tax .....	23	25.
24	Recapture of tax credits .....	24	
25	Total tax after recapture of tax credits (add lines 23 and 24) .....	25	25.
26	Special additional mortgage recording tax credit (from Form CT-43) .....	26	
27	Tax due after tax credits (subtract line 26 from line 25) .....	27	25.
<b>First installment of estimated tax for the next tax period:</b>			
28	Enter amount from line 27 .....	28	25.
29	If you filed a request for extension, enter amount from Form CT-5.4, line 2 .....	29	
30	If you did not file Form CT-5.4 and line 28 is over \$1,000, enter 25% (.25) of line 28. Otherwise enter 0 .....	30	
31	Add line 28 and line 29 or 30 .....	31	25.

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**Computation of tax (continued)**

Composition of prepayments (see instructions):		Date paid	Amount
32	Mandatory first installment .....	32	
33	Second installment from Form CT-400 .....	33	
34	Third installment from Form CT-400 .....	34	
35	Fourth installment from Form CT-400 .....	35	
36	Payment with extension request from Form CT-5.4 .....	36	
37	Overpayment credited from prior years .....	37	
38	Total prepayments (add lines 32 through 37) .....	38	
39	Balance (subtract line 38 from line 31; if line 38 is larger than line 31, enter 0) .....	39	25.
40	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) <input type="checkbox"/> .....	40	
41	Interest on late payment .....	41	
42	Late filing and late payment penalties .....	42	
43	Balance (add lines 39 through 42) .....	43	25.
<b>Voluntary gifts/contributions (see instructions):</b>			
44a	Return a Gift to Wildlife .....	44a	00
44b	Breast Cancer Research & Education Fund .....	44b	00
44c	Prostate Cancer Research, Detection, and Education Fund .....	44c	00
44d	9/11 Memorial .....	44d	00
44e	Volunteer Firefighting & EMS Recruitment Fund .....	44e	00
45	Add lines 31, 40, 41, 42, and 44a through 44e .....	45	25.
46	Balance due (If line 38 is less than line 45, subtract line 38 from line 45 and enter here. This is the amount due; enter your payment amount on line A on page 1.) .....	46	25.
47	Overpayment (If line 38 is more than line 45, subtract line 45 from line 38 and enter here. This is the amount of your overpayment; see instructions.) .....	47	
48	Amount of overpayment to be credited to next period .....	48	
49	Refund of overpayment (subtract line 48 from line 47) .....	49	
50	If you claim a refund of unused special additional mortgage recording tax credit, enter the amount from Form CT-43, line 13 (see instructions) .....	50	
51	Amount of special additional mortgage recording tax credit to be applied as an overpayment to next period .....	51	

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination  If marked, enter date of determination: ● \_\_\_\_\_

<b>Third - party designee</b> (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) ESTHER GULYAS	Designee's phone number 716-632-7886
	Designee's e-mail address ESTHER@EGTAX.COM		PIN 14174

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person	Signature of authorized person	Official title PRESIDENT
	E-mail address of authorized person	Telephone number 716-632-7886	Date 02-21-13
<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) ESTHER GULYAS TAX SERVICE INC	Firm's EIN 16-1474140	Preparer's PTIN or SSN P00779859
	Signature of individual preparing this return	Address 2475 NIAGARA FALLSAMHERST	State ZIP code NY 14228-
	E-mail address of individual preparing this return	Preparer's NYTPRIN 11087424	Date 02-21-13

See instructions for where to file.

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2012

New York State Department of Taxation and Finance

# New York S Corporation Shareholders' Information Schedule

# CT-34-SH

Attachment to Form CT-3-S or CT-32-S

Legal name of corporation <b>OFF BEAT PRODUCTIONS INC</b>	Employer ID number <b>16-1546143</b>
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**Schedule A – Shareholders' New York State modifications and credits** (Enter the total amount reported by the New York S corporation on each line. Each shareholder must include his or her pro rata share of these amounts on his or her personal income tax return.)

**Part 1 – Total shareholder modifications related to S corporation items** (see instructions)

<b>Additions</b>	1	New York State franchise tax imposed under Article 9-A or Article 32 .....	1
	2	Federal depreciation deduction from Form CT-399, if applicable .....	2
	3	Other additions (attach explanation) .....	3
<b>Subtractions</b>	4	Allowable New York depreciation from Form CT-399, if applicable .....	4
	5	Other subtractions (attach explanation) .....	5
<b>Other items</b> (attach explanation)	6	Additions to federal itemized deductions .....	6
	7	Subtractions from federal itemized deductions .....	7
	8	New York State adjustments to federal tax preference items .....	8

**Part 2 – Total S corporation New York State credits and taxes on early dispositions** (see instructions; attach applicable forms)

**Investment tax credits**

9	Investment tax credit, retail enterprise tax credit, historic barn credit, and employment incentive credit (Form CT-46 and, if applicable, Form CT-46-ATT) .....	9
10	Investment tax credit on research and development property (Form CT-46) .....	10
11	Investment tax credit for financial services industry (Form CT-44) .....	11
12	Tax on early dispositions – investment tax credit, retail enterprise tax credit, historic barn credit, investment tax credit on research and development property, or investment tax credit for financial services industry (Form CT-44 or CT-46) .....	12

**Empire zone (EZ) tax credits**

13	EZ wage tax credit (Form CT-601) .....	13
14	EZ capital tax credit for monetary contributions (Form CT-602) .....	14
15	EZ investment tax credit (Form CT-603) .....	15
16	EZ investment tax credit for financial services industry (Form CT-605) .....	16
17	Recaptured tax credit – EZ capital tax credit, EZ investment tax credit, or EZ investment tax credit for financial services industry (Form CT-602, CT-603, or CT-605) .....	17

**Qualified empire zone enterprise (QEZE) tax credits** (see instructions)

18	QEZE real property tax credit allowed (Form CT-606) .....	18
19	Net recapture of QEZE real property tax credit (Form CT-606) .....	19
20	QEZE tax reduction credit employment increase factor (Form CT-604) .....	20
21	QEZE tax reduction credit zone allocation factor (Form CT-604) .....	21
22	QEZE tax reduction credit benefit period factor (Form CT-604) .....	22
<b>QEZE tax reduction credit factors from partnership</b> (for multiple partnerships attach separate statement)		
23	QEZE partnership employer identification number .....	23
24	QEZE employment increase factor (obtain factor from your partnership) .....	24
25	QEZE zone allocation factor (obtain factor from your partnership) .....	25
26	QEZE benefit period factor (obtain factor from your partnership) .....	26

**Farmers' school tax credit** (see instructions)

27	Total acres of qualified agricultural property .....	27
28	Total amount of eligible school district property taxes paid .....	28
29	Total acres of qualified agricultural property converted to nonqualified use .....	29
30	Total acres of qualified conservation property .....	30

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**Part 2 – Total S corporation New York State credits and taxes on early dispositions (continued)**

**Other credits (see instructions; attach applicable forms)**

31	Recapture of alternative fuels credit (Form CT-40) .....	31
32	Credit for employment of persons with disabilities (Form CT-41) .....	32
33	Rehabilitation of historic properties credit (Form CT-238) .....	33
34	Recapture of rehabilitation of historic properties credit (Form CT-238) .....	34
35	Clean heating fuel credit (Form CT-241) .....	35
36	Biofuel production credit (Form CT-243) .....	36
37	Empire State commercial production credit (Form CT-246) .....	37
38	Empire State film production credit for the current year (Form CT-248) .....	38
39	Empire State film production credit for the second year (Form CT-248) .....	39
40	Empire State film production credit for the third year (Form CT-248) .....	40
41	Long-term care insurance credit (Form CT-249) .....	41
42	Credit for purchase of an automated external defibrillator (Form CT-250) .....	42
43	Empire State film post-production credit (Form CT-261) .....	43
44	Excelsior jobs tax credit component (Form CT-607) .....	44
45	Excelsior investment tax credit component (Form CT-607) .....	45
46	Excelsior research and development tax credit component (Form CT-607) .....	46
47	Excelsior real property tax credit component (Form CT-607) .....	47
48	Brownfield redevelopment tax credit site preparation credit component (Form CT-611) .....	48
49	Brownfield redevelopment tax credit tangible property credit component (Form CT-611) .....	49
50	Brownfield redevelopment tax credit on-site groundwater remediation credit component (Form CT-611) .....	50
51	Recapture of brownfield redevelopment tax credit (Form CT-611) .....	51
52	Brownfield redevelopment tax credit site preparation credit component (Form CT-611.1) .....	52
53	Brownfield redevelopment tax credit tangible property credit component (Form CT-611.1) .....	53
54	Brownfield redevelopment tax credit on-site ground water remediation credit component (Form CT-611.1) .....	54
55	Recapture of brownfield redevelopment tax credit (Form CT-611.1) .....	55
56	Remediated brownfield credit for real property taxes (Form CT-612) .....	56
57	Recapture of remediated brownfield credit for real property taxes (Form CT-612) .....	57
58	Environmental remediation insurance credit (Form CT-613) .....	58
59	Recapture of environmental remediation insurance credit (Form CT-613) .....	59
60	Security officer training tax credit (attach Form CT-631) .....	60
61	Economic transformation and facility redevelopment program jobs tax credit component (Form CT-633) .....	61
62	Economic transformation and facility redevelopment program investment tax credit component (Form CT-633) .....	62
63	Economic transformation and facility redevelopment program job training tax credit component (Form CT-633) .....	63
64	Economic transformation and facility redevelopment program real property tax credit component (Form CT-633) .....	64
65	Taxicabs and livery service vehicles accessible to persons with disabilities credit (Form CT-236) .....	65
66	QETC employment credit (Form DTF-621) .....	66
67	QETC capital tax credit (Form DTF-622) .....	67
68	Recapture of QETC capital tax credit (Form DTF-622) .....	68
69	Low-income housing credit (Form DTF-624) .....	69
70	Recapture of low-income housing credit (Form DTF-626) .....	70
71	Green building credit (Form DTF-630) .....	71
72	Empire state jobs retention credit (Form CT-634) .....	72
73	Recapture of empire state jobs retention credit (Form CT-634) .....	73
74	New York youth works credit (Form CT-635) .....	74
75	Beer production credit (Form CT-636) .....	75
76	Other tax credit(s) (see instructions) .....	76



**Schedule B – Shareholders' identifying information**

Photocopy Schedule B, as needed, attach additional sheets, and mark an X in the box.

<p><b>A</b> For each shareholder, enter last name, first name, middle initial on first line; enter home address on second and third lines. <i>(attach federal Schedule K-1 for each shareholder)</i></p>	<p><b>B</b> Identifying number (SSN or EIN)</p>	<p><b>C</b> Percentage of ownership</p>	<p><b>D</b> Shareholder residency status <i>(make only one entry)</i> 1 for New York State 2 for New York City 3 for Yonkers 4 for NYS nonresident</p>	<p><b>E</b> Shareholder entity status <i>(make only one entry)</i> I for individual F for estate or trust E for exempt organization</p>
<p>1 DI SCIULLO, JOHN 5260 ROGERS ROAD HAMBURG NY 14075</p>	<p>1 [REDACTED]</p>	<p>50.000</p>	<p>1</p>	<p>I</p>
<p>2 GILLAN, JAMES 242 LINCOLN PARKWAY BUFFALO NY 14216</p>	<p>2 [REDACTED]</p>	<p>50.000</p>	<p>1</p>	<p>I</p>
<p>3</p>	<p>3</p>			
<p>4</p>	<p>4</p>			
<p>5</p>	<p>5</p>			
<p>6</p>	<p>6</p>			
<p>7</p>	<p>7</p>			
<p>8</p>	<p>8</p>			
<p>9</p>	<p>9</p>			
<p>10</p>	<p>10</p>			
<p>11</p>	<p>11</p>			

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New York State E-File Signature Authorization for Tax Year 2012
For Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245, or CT-400
Electronic return originator (ERO)/paid preparer: do not mail this form to the Tax Department.
Keep it for your records.

Legal name of corporation: OFF BEAT PRODUCTIONS INC

Return type (mark all that apply): CT-3 CT-3-A CT-3M/4M X CT-3-S CT-4 CT-13 CT-240 CT-245 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our Web site at www.tax.ny.gov to find this document.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3M/4M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; or CT-4, General Business Corporation Franchise Tax Return Short Form; CT-13, Unrelated Business Income Tax Return; CT-240, Foreign Corporation License Fee Return; CT-245, Maintenance Fee and Activities Return For a Foreign Corporation Disclaiming Tax Liability; or CT-400, Estimated Tax for Corporations.

Do not mail Form TR-579-CT to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both), Form CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, or both), Form CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return, or Form CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E. Instead use Form CT-579.1-CT, New York State Authorization for Electronic Funds Withdrawal for Tax Year 2012, Form CT-5, Form CT-5.3, Form CT-5.4, Form CT-5.9, or Form CT-5.9-E.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit 1. 25.
2 Financial institution routing number 2.
3 Financial institution account number 3.

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3M/4M, CT-3-S, CT-4, CT-13, CT-240, CT-245 or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2012 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2012 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2012 electronic return, and I authorize the financial institution to withdraw the amount from the account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: Date: 02/21/2013

Print your name and title: JOHN DISCIULLO PRESIDENT

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2012 New York State electronic corporate return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2012 New York State corporate return signed by a paid preparer, I declare that the information contained in the corporation's 2012 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2012 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date: 02/21/2013

Print name: ESTHER GULYAS TAX SERVICE

Paid preparer's signature: Date: 02/21/2013

Print name: ESTHER GULYAS TAX SERVICE

### CURRENT ASSETS AND LIABILITIES

The assets of Off Beat Productions include the 200 episodes and public domain motion pictures, already edited, that have aired over the course of the program. These programs are on video tape, and are being converted to digital files as programs air weekly.

Off Beat Productions also owns the set, and various props, used in production.

Off Beat Productions does not have any outstanding debt or liabilities, other than the production costs associated with creating, producing, editing, promoting, and distributing each weekly episode.

### CAPTION ASSISTANCE FROM CARRIAGE PARTNERS

Off Beat Productions formally requested captioning assistance from our carriage partners on flagship station WBBZ-TV, and Luken Communications Retro Television Network.

Those exhibits follow.



YOUR HOMETOWN TELEVISION STATION

**To: John Di Sciullo, Partner Off Beat Productions, Inc.**  
**From: Bob Koshinski, VP & GM WBBZ-TV**  
**Date: January 14, 2014**  
**RE: Closed Captioning Request**

**John:**

**While WBBZ-TV is now the flagship station for "Off Beat Cinema," the request from your production company to underwrite the cost of closed captioning the program is not something WBBZ-TV would cover.**

**Sincerely,**

A handwritten signature in black ink, appearing to read 'Bob Koshinski', is written over a light blue horizontal line.

**Bob Koshinski**

**President & General Manager, WBBZ-TV**

**4545 Transit Road - Suite 750 - Williamsville, NY 14221 - 716-630-9229**



January 14, 2014

John Di Sciullo  
Off-Beat Cinema

Dear Mr. Di Sciullo,

Thank you for your inquiry regarding closed captioning of *Off-Beat Cinema* by Luken Communications. Unfortunately, at this time, it is financially infeasible for Luken Communications to shoulder the costs of providing closed captioning service for this property.

We are proud to be the network home for *Off-Beat Cinema* and enjoy a continued relationship with you and the show. Please do not hesitate to contact me if you have any further questions or requests.

Regards,

A handwritten signature in black ink, appearing to read "Matthew Golden", with a long horizontal flourish extending to the right.

Matthew Golden  
Vice President of Production  
Luken Communications  
a 225 E 8<sup>th</sup> St, Chattanooga TN 37402  
o 423-468-5132  
e mgolden@luken.tv

SPONSORSHIPS SOUGHT

Western New York advertising agencies have been presented a sponsorship package to underwrite the closed captioning of "Off Beat Cinema."

While understanding this would support a noble effort, the return on that investment can not be justified based on the audience measurement the program currently has.

Even with the 80+ stations the Retro Television Network has, a majority of those stations are low power, or on the second or third digital tiers – available only over the air – and not on a major cable or satellite service.

As noted earlier, revenue generated through national direct response advertising is low, based on the audience measurement and stations currently airing the program.

Those exhibits follow.

January 17, 2014

Mr. John DiSciullo  
OFF BEAT CINEMA

Dear John,

Thank you for submitting your advertising proposal. With respect to sponsorship of "Off Beat Cinema" – notably the potential underwriting of closed captioning – the fee of \$3,500 a month is especially high considering the audience measurement of the late night program.

While you offer multiple stations, and platforms for exposure, our cost per point analysis does not make this sponsorship a viable option for our clients.

Continued good luck with the program as it continues to grow.

Best regards,

A handwritten signature in black ink, appearing to read "D. P. Mecca", with a long horizontal flourish extending to the right.

Daniel P. Mecca  
President  
Abbey Mecca & Co., Inc.

**abbeymecca&company**

Paragon Advertising  
43 Court Street, Suite 1111  
Buffalo, New York 14202  
T 716.854.7161 F 716.854.7163  
paragonadvertising.com

paragon

January 16, 2014

Dear Offbeat Productions:

Thank you for your inquiry regarding sponsors for the closed captioning of your television program Offbeat Cinema. I am afraid that it is not economically viable for any of the accounts we represent.

Your program airs late night where commercial costs are low, and the cost of closed captioning is about \$300 per hour of programming.

Perhaps you could seek assistance with these costs from the National Association for the Hearing Impaired. I am sorry that we could not be of more assistance to you.

Sincerely,



Eric H. Goldberg  
CFO  
Paragon Advertising

# THE DASHBOARD

Hi [John Disciullo](#), welcome back.

[Your account](#) [Sign out](#)

## Weekly Report

**NOTE: This is not an invoice. Do not use for billing purposes.**

Station:

Month:

Year:

### Off Beat Cinema Results for March - 2013

[CSV Download](#)

Percentage of Monthly Total \$71.25 by Creative.



Money Mutual [:30] on 8004915124									MNYM3C12P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout
03/18/2013	1	0	0	0	0	0	0	1	\$71.25	\$71.25
Totals								1		\$71.25
Week Of 03/18/2013 Sub Total									1	\$71.25
Grand Total for Station									1	\$71.25

Call 1-800-819-9945 or click [here](#) to get started today

# THE DASHBOARD

Hi [John Disciullo](#), welcome back.

[Your account](#) [Sign out](#)

## Weekly Report

**NOTE: This is not an invoice. Do not use for billing purposes.**

Station:

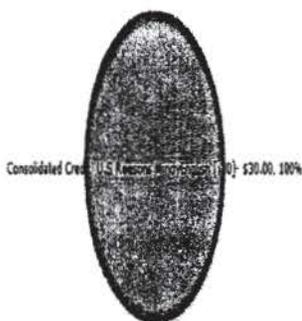
Month:

Year:

### Off Beat Cinema Results for April - 2013

[CSV Download](#)

Percentage of Monthly Total \$30.00 by Creative.



Consolidated Credit - U.S Reasons Mindy-English [ :30 ] on 8005166479									CC3MNDY2P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout
04/15/2013	1	0	0	0	0	0	0	1	\$30.00	\$30.00
<b>Totals</b>								1		\$30.00
<b>Week Of 04/15/2013 Sub Total</b>									1	\$30.00
<b>Grand Total for Station</b>									1	\$30.00

Call 1-800-819-9945 or click [here](#) to get started today

# THE DASHBOARD

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## Weekly Report

**NOTE: This is not an invoice. Do not use for billing purposes.**

Station:

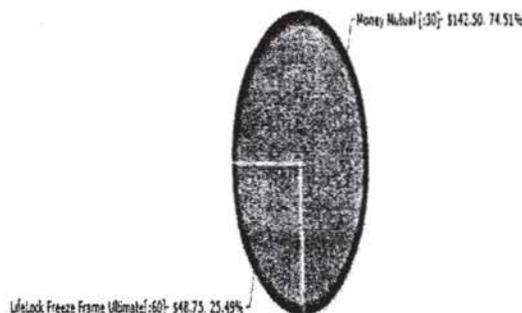
Month:

Year:

### Off Beat Cinema Results for May - 2013

[CSV Download](#)

Percentage of Monthly Total \$191.25 by Creative.



LifeLock Freeze Frame Ultimate [:60] on 8003094773										LFFU6C12P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout	
04/29/2013	1	0	0	0	0	0	0	1	\$48.75	\$48.75	
<b>Totals</b>								<b>1</b>		<b>\$48.75</b>	
Money Mutual [:30] on 8004915124										MNYM3C12P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout	
04/29/2013	0	0	1	0	0	0	0	1	\$71.25	\$71.25	
05/13/2013	0	0	0	0	0	0	1	1	\$71.25	\$71.25	
<b>Totals</b>								<b>2</b>		<b>\$142.50</b>	
<b>Week Of 04/29/2013 Sub Total</b>									<b>2</b>	<b>\$120.00</b>	
<b>Week Of 05/13/2013 Sub Total</b>									<b>1</b>	<b>\$71.25</b>	
<b>Grand Total for Station</b>									<b>3</b>	<b>\$191.25</b>	

# THE DASHBOARD

Hi [John Disciullo](#), welcome back.

[Your account](#) [Sign out](#)

## Weekly Report

**NOTE: This is not an invoice. Do not use for billing purposes.**

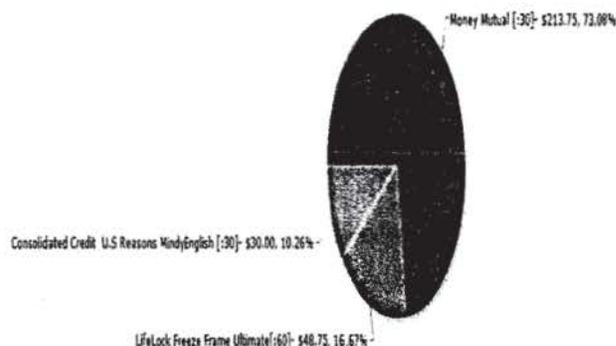
Station:

Month:

Year:

### Off Beat Cinema Results for June - 2013

Percentage of Monthly Total \$192.50 by Creative.



Consolidated Credit - U.S Reasons Mindy-English [:30] on 8005166479										CC3MNDY2P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout	
05/27/2013	1	0	0	0	0	0	0	1	\$30.00	\$30.00	
								Totals	1	\$30.00	
LifeLock Freeze Frame Ultimate [:60] on 8003094773										LFFU6C12P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout	
06/03/2013	0	1	0	0	0	0	0	1	\$48.75	\$48.75	
								Totals	1	\$48.75	
Money Mutual [:30] on 8004915124										MNYM3C12P1	
Week Of	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Payout	Total Payout	
06/17/2013	3	0	0	0	0	0	0	3	\$71.25	\$213.75	
								Totals	3	\$213.75	
									Week Of 05/27/2013 Sub Total	1	\$30.00
									Week Of 06/03/2013 Sub Total	1	\$48.75

Week Of 06/17/2013 Sub Total	3	<del>\$213.75</del>
Grand Total for Station	5	\$292.50

Call 1-800-819-9945 or click [here](#) to get started today

71.25  
32.00  
191.25  
292.50  

---

585

## OVERALL OPERATIONS

The operation of Off Beat Productions is handled through partners John Di Sciullo and James Gillan for what it is, a small production business handled after work for our primary occupations is complete.

Generally, a date is secured to shoot segments for shows with the freelance cast. This will vary from one taping a month, to once a quarter, based on schedules.

John Di Sciullo, or an outsourced videographer, will shoot those segments, using equipment on loan from our flagship station.

An editor puts the segments together and integrates the movie and barter commercials sold through Off Beat Productions.

That editor works a few days each month to then load the edited program on a digital FTP internet platform to share with affiliated stations weekly.

Each episode of "Off Beat Cinema" has 10 minutes of commercial inventory for Off Beat Productions to sell. The television stations airing the program retain the rest of the advertising time. The program is offered at no charge to stations on a barter basis.

James Gillan will secure motion pictures through various sources, select the movies, and schedule the weekly shows. James will also create promotional material, and update our basic website.

James Gillan also writes each episode.

James Gillan works to secure the primary advertising, although John Di Sciullo and even the cast members assist in selling the show when possible.

John Di Sciullo will coordinate distribution, secure clearance, work with the stations, and manage the business of the company with an outsourced assistant who works one day a month on the show.

John Di Sciullo maintains the financial records, and checkbook for Off Beat Productions.

John Di Sciullo will also format the show, and coordinate any commercial shoots and edits as needed.

The cast are paid to appear in the program, make public appearances at community events, and assist in updating the social media.

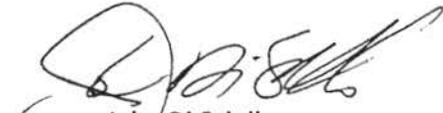
Videotapes and DVD's are stored with James Gillan at his office. The digital files are stored with our outsourced editor, although the company owns the digital box and creative content.





DECLARATION

I declare under penalty of perjury that the information contained in this submission is true and correct.



John Di Scullo  
Off Beat Productions

