



STATE OF ARIZONA
CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE
DOMESTIC

FOR FISCAL YEAR ENDING 12/31/1995

DUE ON OR BEFORE 04/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: -0705490-4
Corporation Name: UNLEASHED PRODUCTIONS INC.
Address: 6835 E PHELPS RD

A.C.C. CORPORATIONS DIV.
RECEIVED

APR 11 1996

City, State, Zip: SCOTTSDALE AZ 85254-
Domicile: ARIZONA
Type: PROFIT

Arizona Statutory Agent: FOSTER D COBURN III
Street Address: 6835 E PHELPS RD
(NOT P.O. BOX)

DOCUMENTS ARE SUBJECT
TO REVIEW BEFORE FILING

City, State, Zip: SCOTTSDALE AZ 85254-

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input checked="" type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input type="checkbox"/> 43. Other _____ |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC USE ONLY	
Fee	\$ _____
Penalty	\$ _____
Total	\$ _____

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 ☐ 101 - 500 ☐ Over 500 ☐

3. --If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below --
--and PRESIDENT or VICE PRESIDENT must sign page 4 of this report. --

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
100,000			0

Number of Shares Issued	Class	Series	Par Value
70,000			0

-- PLEASE MAKE CORRECTIONS ON A SEPARATE SHEET --

5. **OFFICERS** (If no changes since last report, check here ☒ and go on to Section 6.)

PRESIDENT: FOSTER D COBURN III

Address: 6835 E PHELPS

SCOTTSDALE, AZ 85254-

Date taking office: 12-01-93

SECRETARY: PETER A MCCORMICK

Address: 13726 ALEPPO DR

SUN CITY WEST, 85 375-

Date taking office: 12-01-93

VICE PRESIDENT:

Address:

Date taking office:

TREASURER: FOSTER D COBURN III

Address: 6835 E PHELPS

SCOTTSDALE, AZ 85254-

Date taking office: 12-01-93

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME: FOSTER D COBURN III

Address: 6835 E PHELPS

SCOTTSDALE, AZ 85254-

Date taking office: 12-01-93

NAME:

Address:

Date taking office:

NAME:

Address:

Date taking office:

NAME:

Address:

Date taking office:

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none so state.

(If no changes since last report, check here ☐ and go on to Section 8.)

NAME PETER A MCCORMICK

NAME

NAME FOSTER D COBURN III

NAME

Schedule L Balance Sheets

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		-5,663		-3,562
2a Trade notes and accounts receivable ..				
b Less allowance for bad debts				
3 Inventories				
4 U. S. Government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule) ..				
10a Buildings and other depreciable assets	25,910		28,688	
b Less accumulated depreciation	17,348	8,562	20,191	8,497
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only) ..				
b Less accumulated amortization				
14 Other assets (attach schedule)				
15 Total assets		2,899		4,935
Liabilities and Shareholders' Equity				
16 Accounts payable		110		2,571
17 Mortgages, notes, bonds pay less 1 yr				
18 Other current liabilities (attach sch.) ..		4,351	#6	1,058#7
19 Loans from shareholders				39,000
20 Mortgages, notes, bonds pay 1 yr or >				
21 Other liabilities (attach schedule) ...				
22 Capital stock				
23 Paid-in or capital surplus				
24 Retained earnings		-1,562		-37,694
25 Less cost of treasury stock		()		()
26 Total liabilities and shareholders' equity		2,899		4,935

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

1 Net income (loss) per books	-36,132	5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize):		6 Deductions included on Schedule K, lines 1 thru 11a, 15e, & 16b, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$ 798			
	798	7 Add lines 5 and 6	
4 Add lines 1 through 3	-35,334	8 Income (loss)(Sch K, ln 23). Line 4 less line 7	-35,334

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see page 22 of the instructions.)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of year		-1,562	
2 Ordinary income from page 1, line 21			
3 Other additions	258	#5	
4 Loss from page 1, line 21	35,592		
5 Other reductions	798		
6 Combine lines 1 through 5	-36,132	-1,562	
7 Distribution other than dividend distributions ...			
8 Balance at end of tax year. Line 6 less line 7 ..	-36,132	-1,562	0

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;

2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;

3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

(a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or

(b) involved the violation of the consumer fraud laws of that jurisdiction, or

(c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO ☒ _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

1. Full name and prior names used.

2. Full birth name.

3. Present home address.

4. Prior addresses (for immediate preceding 7 year period).

5. Date and location of birth.

6. Social Security Number

7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case.

9.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____

Chapter _____

Date Filed _____

Case Number _____

No ☒ _____

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By _____

Date 2/17/96

By _____

Date 2/17/96

Title _____

PRESIDENT

Title _____

SECRETARY