



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission
01210120

DATE ON OR BEFORE 04/15/2005

FY04-05

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1022 & 10-11022 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A & 10-2121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections when necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

RECEIVED

1. -0992735-7
WESTERN SCIENCE FICTION ASSOCIATION, INC. (WESTERN)
PO BOX 57457
PHOENIX, AZ 85082

MAY 11 2005

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: _____ (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NOT-PROFIT

2. Statutory Agent: KASPOULOS MURRAY Physical Address, if different:
Mailing Address: 4614 N 38TH DR Physical Address:
City, State, Zip: PHOENIX, AZ 85019 City, State, Zip:

Use this box only if appointing a new Statutory Agent

<p>ACC USE ONLY</p> <p>Fee \$ <u>10</u></p> <p>Paralty \$ _____</p> <p>Retake \$ _____</p> <p>Capitol \$ _____</p> <p>Rescind \$ _____</p>	<p>By appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.</p> <p>I, (individual) or You, (corporation or limited liability company) having been designated the new Statutory Agent do hereby consent to this appointment and my removal or resignation pursuant to law.</p> <p>_____ Signature of new Statutory Agent</p> <p>_____ Printed Name of new Statutory Agent</p>
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3. Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- | BUSINESS CORPORATIONS | | NON-PROFIT CORPORATIONS |
|---|--|--|
| <input checked="" type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing | <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining | <input type="checkbox"/> 2. Educational |
| <input type="checkbox"/> 3. Amusement | <input type="checkbox"/> 22. Mass Media | <input checked="" type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceuticals | <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing | <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Publishing/Distribution | <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Bar/Professional Services | <input type="checkbox"/> 26. Real Estate | <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurants/Bar | <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales | <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Credit Collection | <input type="checkbox"/> 29. Science/Research | <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events | <input type="checkbox"/> 11. Botanical/Research |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology/Computers | <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology/General | <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Telecommunications | <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Travel/Travel Services | <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Hotel/Hotel | <input type="checkbox"/> 35. Transportation | <input type="checkbox"/> 16. Professional, nonmedical |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities | <input type="checkbox"/> 17. Industrial or trade association |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Voluntary Medical/Animal Care | <input type="checkbox"/> 17. Other _____ |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ | |

5. CAPITALIZATION: (Business Corporations and Business Trusts are REQUIRED to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please Print or Type Clearly.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
<u>0</u>		

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
<u>0</u>		

6. SHAREHOLDERS: (Business Corporations and Business Trusts are REQUIRED to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. Please Type or Print Clearly.

Name: _____ Name: _____

NONE

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: FRANCIS R. GISH Name: CATHERINE BARK

Title: Treasurer Title: Secretary

Address: 2527 N. Silverado Address: 2423 W. Laurel Ln,
Mesa, AZ 85215 Phoenix, AZ 85029

Date taking office: Feb-12, 2004 Date taking office: Feb, 12, 2004

Name: STEPHAN L. BANNON Name: _____

Title: President Title: _____

Address: 7213 N 37th Dr Address: _____
Phoenix AZ 85051

Date taking office: FEB 12 2004 Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: BRIG L. DYER Name: _____

Address: 7213 N. 37th Drive Address: _____
Phoenix, AZ 85051

Date taking office: Feb 12, 2004 Date taking office: _____

Name: _____ Name: _____

Address: _____ Address: _____

Date taking office: _____ Date taking office: _____

