

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90236 033 \*\*\*550.00

**DOCUMENT # K91983**

1. Entity Name  
**EPIX I, INC.**

**Principal Place of Business**

**3710 CORPOREX DRIVE  
SUITE 300  
TAMPA FL 33619**

**Mailing Address**

**ASPEN CORP. PARK I  
1480 ROUTE 9 NORTH  
WOODBIDGE NJ 07095**

**80137268**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-2961796**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name **Edwin Shepherdson**

Street Address (P.O. Box Number is Not Acceptable)  
**3710 Corporex Park Drive**

**Suite 300**

City **Tampa**

**FL**

Zip Code **33619**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

**Edwin Shepherdson**

**9/4/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)**

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**

☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PC** ☐ Delete  
NAME **WAJNERT, THOMAS C**  
STREET ADDRESS **3710 CORPOREX PARK DR., #300**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CFO** ☐ Delete  
NAME **TAYLOR, THOMAS S**  
STREET ADDRESS **3710 CORPOREX PARK DR., #300**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1480 Rte. 9 North**  
CITY-ST-ZIP **Woodbridge, NJ 07095**

TITLE **D.** ☒ Delete  
NAME **ROSENTHAL, STEVE A**  
STREET ADDRESS **ASPEN CORP PK 2 1480 RT 9 N**  
CITY-ST-ZIP **WOODBIDGE NJ 07095**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP Treasury** ☐ Delete  
NAME **EDWIN SHEPHERDSON**  
STREET ADDRESS **3710 Corporex PARK DR SUITE # 300**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Peter Deutsch**  
STREET ADDRESS **45 West 45th Street, Ste. 500**  
CITY-ST-ZIP **New York, NY 10036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**S. Taylor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)