



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90035 013 ***150.00

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|---|---|---|---|--|--|
| 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 | |
| 2. Principal Place of Business 3710 Corporex Park Drive Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33619 | | 3. Mailing Address 45 West 45th Street Suite, Apt. #, etc. Suite 500 City & State New York, NY Zip 10036 | |  | |
| Country USA | | Country USA | | 4. FEI Number 59-2961796 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SHEPHERDSON, EDWIN 3710 CORPOREX PARK DRIVE SUITE 300 TAMPA, FL 33619 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC WAJNERT, THOMAS C 3710 CORPOREX PARK DR., #300 TAMPA, FL 33619 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO TAYLOR, THOMAS S 1480 RTE 9 NORTH WOODBIDGE, NJ 07095 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/CEO/D Thomas S. Taylor 45 West 45th Street, Suite 500 New York, NY 10036 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SHEPHERDSON, EDWIN 3710 CORPOREX PARK DRIVE STE 300 TAMPA, FL 33619 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEUTSCH, PETER 45 WEST 45TH STREET STE 500 NEW YORK, NY 10036 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/CFO/Treas/D James P. O'Drobinak 3710 Corporex Park Drive, Ste 300 Tampa, FL 33619 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSA GIBSON, JOHN SALES 3710 CORPOREX PARK DRIVE TAMPA, FL 33619 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPF HECHT, JEFFREY FINANCE 1480 RT 9 NORTH, ASPEN CORP. PARK 1 WOODBIDGE, NJ 07095 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | James P. O'Drobinak | | (800) 343-5099 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |