2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90319 005 ***150.00

DOCUMENT # K91983

1. Entity Name
EPIX I, INC.

Principal Place of Business	Mailing Address
3710 CORPOREX PARK DRIVE SUITE 300 TAMPA FL 33619	45 WEST 45TH STREET SUITE 500 NEW YORK NY 10036

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
3615 Madaca Lane	980 Post Road East
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3
City & State Tampa, FL	City & State Westport, CT
Zip / Country 33618	Zip / Country 06880

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

SHEPHERDSON, EDWIN
3710 CORPOREX PARK DRIVE
SUITE 300
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name: Edwin Shepherdson
Street Address (P.O. Box Number is Not Acceptable): 3615 Madaca Lane
City: Tampa **FL** Zip Code: 33618

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: _____ 4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☑ Delete	TITLE	VPTD	☐ Change ☑ Addition
NAME	TAYLOR, THOMAS		NAME	Edwin Shepherdson	
STREET ADDRESS	45 WEST 45TH STREET, SUITE 500		STREET ADDRESS	3615 Madaca Lane	
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	Tampa, FL 33618	
TITLE	CEOD	☑ Delete	TITLE	VPGCL	☐ Change ☑ Addition
NAME	TAYLOR, THOMAS S		NAME	Alex Troise	
STREET ADDRESS	45 WEST 45TH STREET, SUITE 500		STREET ADDRESS	980 Post Road East, Suite 3	
CITY-ST-ZIP	NEW YORK NY 10036		CITY-ST-ZIP	Westport, CT 06880	
TITLE	CFOT	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	O'DROBINAK, JAMES P		NAME		
STREET ADDRESS	3710 CORPOREX PARK DRIVE, STE 300		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP		
TITLE	SD	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	O'DROBINAK, JAMES P		NAME		
STREET ADDRESS	3710 CORPOREX PARK DRIVE, STE 300		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP		
TITLE	VPSA	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	GIBSON, JOHN SALES		NAME		
STREET ADDRESS	3710 CORPOREX PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33619		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Alex Troise Alex Troise 4/17/05 (203)341-876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #