

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

3710 CORPOREX PARK DRIVE
SUITE 300
TAMPA FL 33619

Mailing Address

45 WEST 45TH STREET
SUITE 500
NEW YORK NY 10036



2. Principal Place of Business

3615 Madaca Lane
Suite, Apt. #, etc.

3. Mailing Address

980 Post Road East
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Tampa, FL
Zip

City & State

Westport, CT
Zip

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15

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

TITLE P ☒ Delete
NAME TAYLOR, THOMAS
STREET ADDRESS 45 WEST 45TH STREET, SUITE 500
CITY-ST-ZIP NEW YORK NY 10036

TITLE CEOD ☒ Delete
NAME TAYLOR, THOMAS S
STREET ADDRESS 45 WEST 45TH STREET, SUITE 500
CITY-ST-ZIP NEW YORK NY 10036

TITLE CFOT ☒ Delete
NAME O'DROBINAK, JAMES P
STREET ADDRESS 3710 CORPOREX PARK DRIVE, STE 300
CITY-ST-ZIP TAMPA FL 33619

TITLE SD ☒ Delete
NAME O'DROBINAK, JAMES P
STREET ADDRESS 3710 CORPOREX PARK DRIVE, STE 300
CITY-ST-ZIP TAMPA FL 33619

TITLE VPSA ☒ Delete
NAME GIBSON, JOHN SALES
STREET ADDRESS 3710 CORPOREX PARK DRIVE
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VFTD ☐ Change ☒ Addition
NAME Edwin Shepherdson
STREET ADDRESS 3615 Madaca Lane
CITY-ST-ZIP Tampa, FL 33618

TITLE VPGCE ☐ Change ☒ Addition
NAME Alex Troise
STREET ADDRESS 980 Post Road East, Suite 3
CITY-ST-ZIP Westport, CT 06880

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/05 (203)341-8761

Date

Daytime Phone #