

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92032

1. Entity Name  
EPIX VII, INC.

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

09-10-2002 90236 039 \*\*\*550.00

Principal Place of Business  
3710 CORPOREX PARK DR  
SUITE 300  
TAMPA FL 33619-9266

Mailing Address  
ASPEN CORP PARK I  
1480 RT 9 NORTH  
WOODBIDGE NJ 07095  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2951378**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, MICHAEL M  
3710 CORPOREX PARK DR  
STE #300  
TAMPA FL 33619

Name **Edwin Shepherdson**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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 **C** ☐ Delete  
NAME **WAINERT, 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 **CPD** ☐ Delete  
NAME **TAYLOR, THOMAS S**  
STREET ADDRESS **3710 CORPOREX PARK DR, #300**  
CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE **D** ☒ Delete  
NAME **ROSENTHAL, STEVE A**  
STREET ADDRESS **ASPEN CORP PK 1 1480 RT 9 N**  
CITY-ST-ZIP **WOODBIDGE NJ 07095**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **V.P. Treasury**  
STREET ADDRESS **Edwin Shepherdson**  
CITY-ST-ZIP **3710 Corporex Park Drive, Ste 300**  
**Tampa, FL 33619**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas S. Taylor**

**9/4/02**

Date

**800-879-3641**

Daytime Phone #

CR2E034 (4/02)