

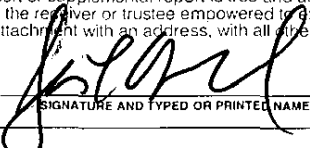


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-17-2004 90035 010 \*\*\*150.00

<b>DOCUMENT # K92032</b> 1. Entity Name EPIX VII, INC.					
Principal Place of Business 3710 CORPOREX PARK DR SUITE 300 TAMPA, FL 33619-9266			Mailing Address ASPEN CORP PARK I 1480 RT 9 NORTH WOODBRIDGE, NJ 07095 US		
2. Principal Place of Business 3710 Corporex park Drive		3. Mailing Address 45 West 45th Street			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 500		02022004 Chg-P CR2E034 (10/03)	
City & State Tampa, FL		City & State New York, NY		4. FEI Number 59-2951378	
Zip 33619		Zip 10036		Country USA	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SHEPHERDSON, EDWIN 3710 CORPOREX PARK DR STE #300 TAMPA, FL 33619				7. Name and Address of New Registered Agent  Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and CEO if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	C 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	CPD TAYLOR, THOMAS S 1480 ROUTE 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	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, suite 300 Tampa, FL 33619	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHEPERDSON, 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	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	<input type="checkbox"/> Delete	<input 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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FEB 12 2004 (800) 343-5099		