
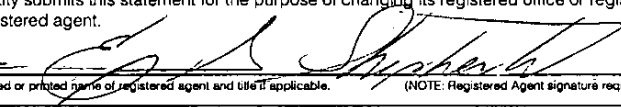
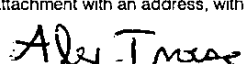


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90291 002 ***150.00

DOCUMENT # K92032 1. Entity Name EPIX VII, INC.			
Principal Place of Business 3710 CORPOREX PARK DR SUITE 300 TAMPA, FL 33619-9266		Mailing Address 1480 RT 9 NORTH SUITE 500 WOODBIDGE, NJ 07095 US	
2. Principal Place of Business 3615 Madara Lane Suite, Apt. #, etc.		3. Mailing Address 980 Post Road East Suite, Apt. #, etc. Suite 3	
City & State Tampa, FL Zip 33618 Country		City & State Westport, CT Zip 06880 Country	
4. FEI Number 59-2951378		Applied For <input type="checkbox"/> Not Applicable	
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 Edwin Shepherdson Street Address (P.O. Box Number is Not Acceptable) 3615 Madara 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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CPD TAYLOR, THOMAS S 45 WEST 45TH STREET, SUITE 500 NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Edwin Shepherdson 3615 Madara Lane Tampa, FL 33618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT O'DROBINAK, JAMES P 3710 CORPOREX PARK DRIVE, SUITE 300 TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGCN Alex Troise 980 Post Road East, Suite 3 Westport, CT 06880 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSA GIBSON, JOHN SALES 3710 CORPOREX PARK DRIVE 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	<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	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:  Alex Troise <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/7/05 (203) 341-8764 <small>Date Daytime Phone #</small>	