

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006024

FILED
Mar 20, 2009
Secretary of State

Entity Name: EPIC REMIX, INC.

Current Principal Place of Business:

4288 NW 41ST LN
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4288 NW 41ST LN
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-0485783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYON, NORMAN K
4288 NW 41ST LN
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LYON, NORMAN K
Address: 4288 NW 41ST LN
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: LYON, JAN
Address: 4288 NW 41ST LN
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: WEBBER, CAROLYN
Address: 4845 NW 20TH PLACE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN C. DILLON

TRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date