

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90026 013 \*\*\*158.75

**DOCUMENT # P03000005479**

1. Entity Name  
**EPIGRAM CORPORATION**



Principal Place of Business  
**3301 BAYSHORE BLVD #405  
TAMPA, FL 33629**

Mailing Address  
**3301 BAYSHORE BLVD #405  
TAMPA, FL 33629**

**14000088**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03112004 Chg-P CR2E034 (10/03)

4. FEI Number **01-076 2318** Applied For  
Not Applicable

5. Certificate of Status Desired **X** \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**POLLINGER, RICHARD E  
3301 BAYSHORE BLVD #405  
TAMPA, FL 33629**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City State Zip Code  
**FL**

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 \_\_\_\_\_  
Signatures typed or printed name of registered agents and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/T/S/D	RICHARD E. POLLINGER	3301 BAYSHORE BLVD, #405	TAMPA, FL 33629		

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: Richard E. Pollinger (RICHARD E. POLLINGER) 3-15-04 (813)839-6464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #