

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-10-2002 90236 037 ***550.00

DOCUMENT # P93000027827

1. Entity Name
EPIX VI, INC.

Principal Place of Business
3710 CORPOREX PARK DRIVE, SUITE 300
TAMPA FL 33619

Mailing Address
1480 ROUTE 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 **59-3176621**

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 **WJNERT, THOMAS**
 STREET ADDRESS **3710 CORPOREX PARK DR, #300**
 CITY-ST-ZIP **TAMPA FL 33619**

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

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

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

TITLE **D** ☒ Delete
 NAME **ROSENTHAL, STEVE A**
 STREET ADDRESS **3710 CORPOREX PARK DR, #300**
 CITY-ST-ZIP **TAMPA FL 33619**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE THOMAS S. Taylor
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02
 Date

800-879-3641
 Daytime Phone #

CR2E034 (4/02)