
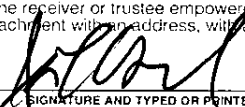


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-17-2004 90035 005 ***150.00

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 3710 Corporex Park Drive Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33619 Country USA		3. Mailing Address 45 West 45th Street Suite, Apt. #, etc. Suite 500 City & State New York, NY Zip 10036 Country USA	
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 _____ <small>Signature, typed or printed name of registered agent and filed application. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	C WAJNERT, THOMAS 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	CEO 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHEPHERDSON, 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	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: 		FEB 12 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James P. O'Drobinak		Date (800) 343-5099	

24011796



02022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3176621
Applied For
Not Applicable

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