

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-10-2002 90236 035 ***550.00

DOCUMENT # P94000093839

1. Entity Name
EPIX IX, INC.

Principal Place of Business

**3710 CORPOREX PARK DR
 SUITE 300
 TAMPA FL 33619**

Mailing Address

**ASPEN CORP PARK I
 1480 ROUTE 9 N
 WOODBRIDGE NJ 07095
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3286324

Applied For

Not Applicable

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 DRIVE
 SUITE #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)

Edwin Shepherdson

9/4/02
 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 **WAJNERT, 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas S. Taylor

Date

9/4/02

Daytime Phone #

800-879-3641

CR2E034 (4/02)