
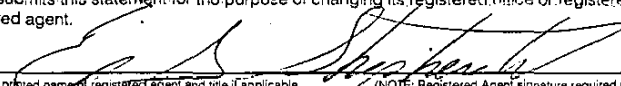
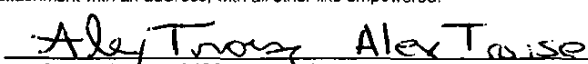


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90291 003 ***150.00

DOCUMENT # P94000093839 1. Entity Name EPIX IX, INC.																															
Principal Place of Business 3710 CORPOREX PARK DR. SUITE 300 TAMPA, FL 33619		Mailing Address 45 W 45TH ST. STE. 500 NEW YORK, NY 10036 US																													
2. Principal Place of Business 3615 Madaca Lane Suite, Apt. #, etc.		3. Mailing Address 3615 Madaca Lane Suite, Apt. #, etc.																													
City & State Tampa, Florida Zip Country 33618		City & State Tampa, Florida Zip Country 06880																													
4. FEI Number 59-3286324		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SHEPHERDSON, EDWIN 3710 CORPOREX PARK DRIVE SUITE #300 TAMPA, FL 33619		7. Name and Address of New Registered Agent Name Edwin Shepherdson Street Address (P.O. Box Number is Not Acceptable) 3615 Madaca Lane City Tampa FL Zip Cod. 33618																													
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  DATE 4/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> EVPD <input checked="" type="checkbox"/> Delete GIBSON, JOHN B STREET ADDRESS 9710 CORPOREX PARK DR., STE. 300 CITY-ST-ZIP TAMPA, FL 33619 </td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPO Edwin Shepherdson STREET ADDRESS 3615 Madaca Lane CITY-ST-ZIP Tampa, FL 33618 </td> </tr> <tr> <td>TITLE</td> <td> PCEO <input checked="" type="checkbox"/> Delete TAYLOR, THOMAS S STREET ADDRESS 45 WEST 45TH ST., STE. 500 CITY-ST-ZIP NEW YORK, NY 10036 </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition VIGCO Alex Traise STREET ADDRESS 930 Port Road East, Suite 3 CITY-ST-ZIP Westport, CT 06880 </td> </tr> <tr> <td>TITLE</td> <td> S <input checked="" type="checkbox"/> Delete DEUTSCH, PETER STREET ADDRESS 45 WEST 45TH STREET STE 500 CITY-ST-ZIP NEW YORK, NY 10036 </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> SCFO <input checked="" type="checkbox"/> Delete O'DROBINAK, JAMES P STREET ADDRESS 3710 CORPOREX PARK DR., STE. 300 CITY-ST-ZIP TAMPA, FL 33619 </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01		TITLE	EVPD <input checked="" type="checkbox"/> Delete GIBSON, JOHN B STREET ADDRESS 9710 CORPOREX PARK DR., STE. 300 CITY-ST-ZIP TAMPA, FL 33619	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPO Edwin Shepherdson STREET ADDRESS 3615 Madaca Lane CITY-ST-ZIP Tampa, FL 33618	TITLE	PCEO <input checked="" type="checkbox"/> Delete TAYLOR, THOMAS S STREET ADDRESS 45 WEST 45TH ST., STE. 500 CITY-ST-ZIP NEW YORK, NY 10036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition VIGCO Alex Traise STREET ADDRESS 930 Port Road East, Suite 3 CITY-ST-ZIP Westport, CT 06880	TITLE	S <input checked="" type="checkbox"/> Delete DEUTSCH, PETER STREET ADDRESS 45 WEST 45TH STREET STE 500 CITY-ST-ZIP NEW YORK, NY 10036	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	SCFO <input checked="" type="checkbox"/> Delete O'DROBINAK, JAMES P STREET ADDRESS 3710 CORPOREX PARK DR., STE. 300 CITY-ST-ZIP TAMPA, FL 33619	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Alex Traise <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/7/05 Daytime Phone # (203) 341-876																													