

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 042 ***550.00

DOCUMENT # P95000003917**1. Entity Name**
EPIX III, INC.**Principal Place of Business****3710 CORPOREX PARK DR**
TAMPA FL 33619**Mailing Address****1480 ROUTE 9 NORTH**
WOODBIDGE NJ 07095**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 65-0551232Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****CT CORPORATION SYSTEM**
1200 SO. PINE ISLAND RD
FORT LAUDERDALE FL 33324**7. Name and Address of New Registered Agent**Name **Edwin Shepherdson**
Street Address (P.O. Box Number is Not Acceptable)
3710 Corporex Park Drive
Suite 300
City **Tampa** **FL** Zip Code **33619****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**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSENTHAL, STEVE	
STREET ADDRESS	7 DANTE RD.	
CITY-ST-ZIP	MONROE TWP NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAYLOR, TOM	
STREET ADDRESS	2000 BROADWAY APT 24E	
CITY-ST-ZIP	NEW YORK NY 10023	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUTSCH, PETE	
STREET ADDRESS	515 E 72ND ST APT 26H	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1480 Route 9 North,	
CITY-ST-ZIP	Woodbridge, NJ 07095	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Deutsch	
STREET ADDRESS	45 West 45th Street, Ste. 500	
CITY-ST-ZIP	New York, NY 10036	
TITLE	Chairman/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas C. Wainert	
STREET ADDRESS	3710 Corporex Park Drive, Ste. 300	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	V.P. Treasury	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin Shepherdson	
STREET ADDRESS	3710 Corporex Park Drive, Ste. 300	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Shepherdson
Edwin Shepherdson

Date

9/4/02

Daytime Phone #

800-875-3641

CR2E034 (4/02)