1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003564

ONE UNITED BAND. THE EDISON LINKAGE FOUNDATION.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90025 023 ****61.25

INC.					• • •	
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · ·	-		
1601 SOUTH MIAMI AVENUE		1601 SOUTH MIAMI AVENUE		A RECUIRE DIN SOLO DINI ANDRE NOTE REPLETANCE AND A	Ediaa (jak dista di	HI BURK HER
MIAMI FL 33129		MIAMI FL 33129				
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3 Discharing 15	N	2n Mailing Address		3. Date incorporated or Qualifed		
<u> </u>	Place of Business	2a. Mailing Address		07/18/1994		
21 Suite Ant	# etc	Suite, Apt. #, etc.		4. FEI Number	Apr	olied For
Suite, Apt. #, etc.		27		65-0507958	 	Applicable
City & State		City & State		E a Water to a British D	\$8.75 A	dditional
23		28		5. Certifcate of Status Desired	Fee Red	quired
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00	May Be
24	25	29 3	0	Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	ed Agent	
			81 Name Ch	arles N. Keye		•
BAILEY, GUY B JR			ess (P.O. Box Number is Not Acceptable) 35 HOLLYWOOD BLVD.			
501 BRICI	KELL KEY DRIVE SUITE 300			35 HOLLYWOOD BIVE.	·	
MIAMI FL	33131		83 Su	ite 202		
			84 City TT	llywood F	. 85 Zip.Ç	8 ² 0
				- · J		
. office or r	registered agent of both in the State (of Florida. Such change was auti	nonzea ovame comorauc	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	am familiar with, and accept the obligat	110178 OT, Section 617.0003, Florid	ia Statutesi .	1 - 1 0	q	
SIGNATURE	_ Cla. re	TEASY	· \ \	100-	J	
	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	egistered Agent signature required	100-	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	/ } —	egistered Agent signature required	d when reinstating) DATE	AND DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: R	egistered Agent signature required 13.	d when reinstating) DATE		
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TALLAHASSEE FL 32303 14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: