

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90054 004 \*\*\*\*61.25

DOCUMENT # N94000003564

1. Entity Name

**ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION,**

Principal Place of Business	Mailing Address
1601 SOUTH MIAMI AVENUE MIAMI FL 33129	1601 SOUTH MIAMI AVENUE MIAMI FL 33129-1103

913597

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	65-0507958
Zip	Country	Zip	Country

5. Certificate of Status Desired  \$8.75 Fee Required

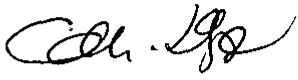
6. Name and Address of Current Registered Agent

**KEYE, CHARLES N**  
2435 HOLLYWOOD BLVD  
SUITE 202  
HOLLYWOOD FL 33131

7. Name and Address of New Registered Agent

Name **Charles N. Keye**  
Street Address (P.O. Box Number is Not Acceptable)  
**5411 S.W. 39th Avenue**  
City **Ft. Lauderdale** FL Zip Code **33311**

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.

SIGNATURE X  DATE **1/31/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAHAM, ADELE <input type="checkbox"/> Delete 14814 BRECKNESS PLACE MIAMI LAKES FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS MOORE MCCABE, ARVA <input type="checkbox"/> Delete 1601 S. MIAMI AVENUE MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEYE, CHARLES N <input type="checkbox"/> Delete 2435 HOLLYWOOD BLVD STE 202 HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, CAROL F <input type="checkbox"/> Delete 5501 SW 101ST STREET MIAMI FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONEY, JAMES J <input type="checkbox"/> Delete 1811 ATLANTIS PLACE TALLAHASSEE FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 5411 S.W. 39 AVE FT. LAUDERDALE, FLA 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHARLES N. KEYE** DATE **1/31/2000** (954) 985-1111 Daytime Phone #