2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N94000003564

Entity Name: ONE UNITED BAND, THE EDISON LINKAGE FOUNDATION, INC.

Current Principal Place of Business:

1601 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1601 SOUTH MIAMI AVENUE
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0507958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KEYE, CHARLES N
1640 N. 69 WAY
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: GRAHAM, ADELE
Address: 14814 BRECKNESS PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPDS ( ) Delete
Name: MOORE MCCABE, ARVA
Address: 1601 S. MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

Title: TD ( ) Delete
Name: KEYE, CHARLES N
Address: 1640 N. 69 WAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete
Name: WILLIAMSON, CAROL F
Address: 5501 SW 101ST STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES N. KEYE D 04/22/2009

Electronic Signature of Signing Officer or Director — Date