

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90835 002 \*\*\*150.00

<b>DOCUMENT #</b>	P990001110036	2007
<b>1. Entity Name</b>		
UNICORN ENTERPRISES INC		

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2880 NE 25TH STREET		<b>3. Mailing Address</b> SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State	
Zip 33305	Country USA	Zip	Country

**40092949**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-1021570		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> SLANE EDWARD J JR	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2880 NE 25TH STREET	
<b>City</b> FT LAUDERDALE	<b>Zip Code</b> 33305

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PR SLANE EDWARD J JR 2880 NE 25TH STREET FT LAUDERDALE FL 33305			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>				<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE**  **SLANE EDWARD J JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07 328-1377  
Date Daytime Phone #