## \*2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

6.5. Be

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 03, 2005 8:00 am Secretary of State **DOCUMENT #510802** 1. Entity Name 05-03-2005 90150 030 \*\*\*150.00 COMCAST OF NORTH BROWARD, INC. Mailing Address Principal Place of Business 1500 MARKET ST. 1500 MARKET ST. PHILADELPHIA, PA 19102 TAX DEPT. PHILADELPHIA PA 19102 IIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Cho-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1654732 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zp Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Burke, STephen B. Change ■ ■ Addition NAME BRUKE, STEPHEN B NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-7/P TITLE ☐ Delete ППF IXI Chance ☐ Addition NASE BACKSTROM, STEPHEN C NAME BACKSTROM, C. STEPHEN STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change BLOCK ARTHUR R NAME NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ALCHIN, JOHN R NAME NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLOCK, ARTHUR R NAME NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like improvered.

C.STEPHEN BACKSTROM, VP

215-981-7557

**FILED**