2005 LIMITED LIABILITY COMPANY __ANNUAL REPORT

FILED Apr 30, 2005 08:00 AN Secretary of State

DOCUMENT # M0100002742 1. Entity Name COMCAST OF CELEBRATION, LLC				Secretary of Sta
Principal Place of Business 1500 MARKET ST. 36TH FLOOR PHILADELPHIA, PA 19102		Mailing Address 1500 MARKET ST. TAX DEPARTMENT PHILADELPHIA, PA 19102		
				(100,000 (4) 42,00 (4) 52,00 (4) 52,00 (5) 52,
, C	O NOT WRITE	IN THIS SPA	CE	4. FEI Number Applied For 23-3101224 Not Applicable
	6. Name and Address of Current Re	gistered Agent		5. Certificate of Status Desired Specificate of Status Desired Fee Required
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		ار المنظمان المنظمان المنظمان الم المنظمان المنظمان ال		DO NOT WRITE IN THIS SPACE
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, typod or printed name of registered agent and title if gpolicable. (NOTE, Registered Agent signature required when reinstaling). DATE				
Filing Fee is \$50.00 Due by May 1, 2005				000000346577 04/30/05-80081-011 50.00
9.	MANAGING MEMBERS	/MANAGERS		
name Street address City-St-Zip	COMCAST CABLE COMMUNICAT 1500 MARKET ST.	ions, llc		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHILADELPHIA, PA 19102			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4			
11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: C. STEPHEN BACKSTROM VP 4/20/05 215-981-7557 SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Provide P				