#### **2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004104

Entity Name: COMCAST SHARED SERVICES, LLC

# **Current Principal Place of Business:**

ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD. PHILADELPHIA, PA 19103

## **Current Mailing Address:**

ONE COMCAST CENTER 1701 JOHN F. KENNEDY BLVD. PHILADELPHIA, PA 19103

FEI Number: 23-3098999 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

FILED Jan 06, 2015

**Secretary of State** 

CC2415361211

## Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name HARRIS, KIMBERLEY D. Name PRABHU, VASANT M

Address 30 ROCKEFELLER PLAZA Address 30 ROCKEFELLER PLAZA

City-State-Zip: NEW YORK NY 10112 City-State-Zip: NEW YORK NY 10112

Title ASSISTANT SECRETARY
Name KORNZWEIG, GABRIELA
Address 100 UNIVERSAL CITY PLAZA
City-State-Zip: UNIVERSAL CITY CA 91608

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GABRIELA KORNZWEIG

ASSISTANT SECRETARY

01/06/2015 Date