

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90110 048 \*\*\*150.00

**DOCUMENT # 377972**

1. Entity Name  
COMCAST OF GREATER FLORIDA/GEORGIA, INC.



Principal Place of Business  
1500 MARKET ST  
PHILADELPHIA, PA 19102 US

Mailing Address  
1500 MARKET ST  
PHILADELPHIA, PA 19102 US

40081027

2. Principal Place of Business - No P.O. Box #  
1701 JOHN F KENNEDY BLVD

3. Mailing Address  
1701 JOHN F KENNEDY BLVD

Suite, Apt. #, etc.

04152008 Chg-P CR2E034 (12/06)

City & State  
PHILADELPHIA PA

4. FEI Number  
59-1362524

Applied For  
Not Applicable

Zip  
19103-2838

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BURKE, STEPHEN B<br>1500 MARKET ST<br>PHILADELPHIA, PA 19102       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BACKSTROM, C. STEPHEN<br>1500 MARKET ST<br>PHILADELPHIA, PA 19102 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BLOCK, ARTHUR R<br>1500 MARKET ST<br>PHILADELPHIA, PA 19102        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ALCHIN, JOHN R<br>1500 MARKET ST<br>PHILADELPHIA, PA 19102         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLOCK, ARTHUR R<br>1500 MARKET ST<br>PHILADELPHIA, PA 19102        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1701 JOHN F KENNEDY BLVD<br>PHILADELPHIA PA 19103-2838                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1701 JOHN F KENNEDY BLVD<br>PHILADELPHIA PA 19103-2838                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1701 JOHN F KENNEDY BLVD<br>PHILADELPHIA PA 19103-2838                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>T<br>KENNETH MIKALASKAS<br>1701 JOHN F KENNEDY BLVD<br>PHILADELPHIA PA 19103-2838 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1701 JOHN F KENNEDY BLVD<br>PHILADELPHIA PA 19103-2838                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM, VP

Date

Daytime Phone #

215-286-7557