


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 050 ***150.00

DOCUMENT # 378179					
1. Entity Name COMCAST OF SOUTH FLORIDA I, INC.					
Principal Place of Business 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US			Mailing Address 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0346725	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, STEPHEN B		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACKSTROM, STEPHEN C		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALCHIN, JOHN R		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		
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: <i>C. S. Backstrom</i>			C. STEPHEN BACKSTROM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/26/06</i> Daytime Phone # <i>215-981-7557</i>		

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