


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-25-2008 90111 020 \*\*\*150.00

**DOCUMENT # 378179**

1. Entity Name  
**COMCAST OF SOUTH FLORIDA I, INC.**



40081057



Principal Place of Business      Mailing Address  
**1500 MARKET ST**      **1500 MARKET ST**  
**PHILADELPHIA, PA 19102-2148 US**      **PHILADELPHIA, PA 19102-2148 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1701 JOHN F KENNEDY BLVD**      **1701 JOHN F KENNEDY BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04152008      Chg-P      CR2E034 (12/06)

City & State      City & State  
**PHILADELPHIA PA**      **PHILADELPHIA PA**

4. FEI Number      Applied For  
**05-0346725**      Not Applicable

Zip      Country      Zip      Country  
**19103-2838**      **USA**      **19103-2838**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURKE, STEPHEN B</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BACKSTROM, STEPHEN C</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALCHIN, JOHN R</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KENNETH MIKALAUSKAS</b> <b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BLOCK, ARTHUR R</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOCK, ARTHUR R</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:** C. S. Backstrom      **C. STEPHEN BACKSTROM, VP**      4/21/08      **215-286-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #