


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90150 013 \*\*\*150.00

<b>DOCUMENT # 512588</b>	
1. Entity Name COMCAST OF MARGATE, INC.	

Principal Place of Business 1500 MARKET STREET PHILADELPHIA, PA 19102-2148 US	Mailing Address 1500 MARKET STREET PHILADELPHIA, PA 19102-2148 US
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DO NOT WRITE IN THIS SPACE

40077314



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1693369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324
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DO NOT WRITE  
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURKE, STEPHEN B 1500 MARKET STREET PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALCHIN, JOHN L 1500 MARKET STREET PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE  
IN THIS SPACE

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** 4/26/06 215-981-7557

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