


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90110 050 \*\*\*150.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # 512588</b><br>1. Entity Name<br><b>COMCAST OF MARGATE, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>1500 MARKET STREET<br/>PHILADELPHIA, PA 19102-2148 US</b>  |   |   | Mailing Address<br><b>1500 MARKET STREET<br/>PHILADELPHIA, PA 19102-2148 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1701 JOHN F KENNEDY BLVD</b>  |   | 3. Mailing Address<br><b>1701 JOHN F KENNEDY BLVD</b> |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                   |   |   |  |
| City & State<br><b>PHILADELPHIA PA</b>   |   | City & State<br><b>PHILADELPHIA PA</b>                |   | 4. FEI Number<br><b>59-1693369</b>  |  |
| Zip<br><b>19103-2838</b>   |   | Country<br><b>USA</b>                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>19103-2838</b>   |   | Country<br><b>USA</b>                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>   |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2008 Fee will be \$550.00</b> </div> <div style="width: 30%;">         9. Election Campaign Financing<br/>         Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> <div style="width: 30%;"></div> </div>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br><b>BURKE, STEPHEN B</b><br><b>1500 MARKET STREET</b><br><b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1701 JOHN F KENNEDY BLVD</b><br><b>PHILADELPHIA PA 19103-2838</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br><b>BACKSTROM, C. STEPHEN</b><br><b>1500 MARKET STREET</b><br><b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1701 JOHN F KENNEDY BLVD</b><br><b>PHILADELPHIA PA 19103-2838</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br><b>BLOCK, ARTHUR R</b><br><b>1500 MARKET STREET</b><br><b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1701 JOHN F KENNEDY BLVD</b><br><b>PHILADELPHIA PA 19103-2838</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>ALCHIN, JOHN L</b><br><b>1500 MARKET STREET</b><br><b>PHILADELPHIA, PA 191022148</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>T KENNETH MIKALAUSKAS</b><br><b>1701 JOHN F KENNEDY BLVD</b><br><b>PHILADELPHIA PA 19103-2838</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>BLOCK, ARTHUR R</b><br><b>1500 MARKET STREET</b><br><b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete           |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1701 JOHN F KENNEDY BLVD</b><br><b>PHILADELPHIA PA 19103-2838</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>C. S. Backstrom</u> <b>C. STEPHEN BACKSTROM, VP</b> <u>4/21/08</u> <b>215-286-7557</b>  |   |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |   |  |