

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 571365**

1. Entity Name  
COMCAST OF SOUTH DADE, INC.



Principal Place of Business  
1500 MARKET ST.  
PHILADELPHIA, PA 19102-2148 US

Mailing Address  
1500 MARKET ST.  
TAX DEPT.  
PHILADELPHIA, PA 19102-2148 US



04112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1895795

Applied For  
Not Applicable

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

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BURKE, STEPHEN B
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	V
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	S
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	T
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	D
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000732550  
05/09/07-80050-012 150.00

**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 title empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom, VP

Date

Daytime Phone #

215-981-7557