

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90029 049 ***150.00

DOCUMENT # 571365

1. Entity Name
COMCAST OF SOUTH DADE, INC.



Principal Place of Business
**188 INVERNESS DR. W.
ENGLEWOOD CO 80112
US**

Mailing Address
**P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US**

2. Principal Place of Business
**1500 MARKET ST.
Suite, Apt. #, etc.**

3. Mailing Address
**1500 MARKET ST.
Suite, Apt. #, etc.**

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

4. FEI Number **59-1895795**

Applied For
Not Applicable

Zip Country
19102-2148 USA

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19102-2148 USA

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**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SCHLEYER, WILLIAM T
STREET ADDRESS	188 INVERNESS DR W
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	COOPER, RON
STREET ADDRESS	188 INVERNESS DR. W.
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICK D
STREET ADDRESS	188 INVERNESS DR. W.
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	DWYER, EDWARD M
STREET ADDRESS	188 INVERNESS DR. W.
CITY-ST-ZIP	ENGLEWOOD CO 80112
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	SHANK, JOHN L
STREET ADDRESS	188 INVERNESS DR. W.
CITY-ST-ZIP	ENGLEWOOD CO 80112-5
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HUSEBY, MICHAEL P
STREET ADDRESS	188 INVERNESS DR. W.
CITY-ST-ZIP	ENGLEWOOD CO 80112

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN B. BURKE
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. STEPHEN BACKSTROM
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR R. BLOCK
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN R. ALCHIN
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR R. BLOCK
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE S. SMITH
STREET ADDRESS	1500 MARKET ST.
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED **STEPHEN BACKSTROM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-981-7557

CR2E034 (10/02)