•2005 FOR PROFIT CORPORATION ANNUAL REPORT

6. 4. Ma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2005 8:00 am Secretary of State **DOCUMENT # 590122** 05-03-2005 90151 005 ***150.00 1. Entity Name COMCAST OF PARKLAND, INC. Principal Place of Business Mailing Address 1500 MARKET ST 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US TAX DEPT. PHILADELPHIA, PA 19102-2148 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1874114 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete TITLE ☐ Change Addition BURKE, STEPHEN B NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE Delete Change Addition BACKSTROM, C. STEPHEN BACKSTROM, STEPHEN NAME NAME 1500 MARKET ST STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-SI-7P ☐ Delete TITLE ☐ Change ☐ Addition BLOCK, ARTHUR R NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME BLOCK, ARTHUR R NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ALCHIN, JOHN L NAME NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 191022148 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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 eath; 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, ke empowered.

FILED

215-981-7557