


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90200 026 ***150.00

DOCUMENT # 592192 1. Entity Name COMCAST OF WYOMING I, INC.					
Principal Place of Business 1500 MARKET ST. PHILADELPHIA, PA 19102 US			Mailing Address 1500 MARKET ST. TAX DEPT. PHILADELPHIA, PA 19102 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1864613	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKE, STEPHEN B		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACKSTROM, STEPHEN C		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCHIN, JOHN L		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOCK, ARTHUR R		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, LAWERENCE S		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		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 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: <i>C. S. Backstrom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			C. STEPHEN BACKSTROM <small>Date</small>		
			215-981-7557 <small>Daytime Phone #</small>		