




**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # 592192</b> 1. Entity Name <b>COMCAST OF WYOMING I, INC.</b>			
Principal Place of Business <b>1500 MARKET ST. PHILADELPHIA, PA 19102 US</b>		Mailing Address <b>1500 MARKET ST. TAX DEPT. PHILADELPHIA, PA 19102 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
 04112007 No Chg-P CR2E034 (11/05)			
4. FEI Number <b>59-1864613</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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: _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	BURKE, STEPHEN B		
STREET ADDRESS	1500 MARKET ST.		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		
TITLE	V		
NAME	BACKSTROM, C. STEPHEN		
STREET ADDRESS	1500 MARKET ST.	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY - ST - ZIP	PHILADELPHIA, PA 19102		
TITLE	S		
NAME	BLOCK, ARTHUR R		
STREET ADDRESS	1500 MARKET ST.		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		
TITLE	T	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	ALCHIN, JOHN L		
STREET ADDRESS	1500 MARKET ST.		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		
TITLE	D		
NAME	BLOCK, ARTHUR R		
STREET ADDRESS	1500 MARKET ST.	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY - ST - ZIP	PHILADELPHIA, PA 19102		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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> 		C. Stephen Backstrom, VP <b>4/24/07</b> 215-981-7557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

U000000732714  
05/09/07-80057-001 150.00