


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90110 001 ***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 - No P.O. Box # 1701 JOHN F KENNEDY BLVD		3. Mailing Address 1701 JOHN F KENNEDY BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PHILADELPHIA PA		City & State PHILADELPHIA PA		4. FEI Number 59-1864613	
Zip 19103-2838		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET ST. PHILADELPHIA, PA 19102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET ST. PHILADELPHIA, PA 19102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, ARTHUR R 1500 MARKET ST. PHILADELPHIA, PA 19102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALCHIN, JOHN L 1500 MARKET ST. PHILADELPHIA, PA 19102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change T KENNETH MIKALASKAS 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, ARTHUR R 1500 MARKET ST. PHILADELPHIA, PA 19102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>C. S. Backstrom</i>			C. STEPHEN BACKSTROM, VP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/21/08 <small>Daytime Phone #</small> 215-286-7557		

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