2003 FOR PROFIT CORPORATION

UN	IFOR	M BUSINE	SS	REPOR'	T (l	JBR)		Apr 24, 2003			
DOCUMENT # 592192 1. Entity Name COMCAST OF WYOMING I, INC.					-			Secretary of State 04-24-2003 90195 015 ***150.00			
COMICAS	I OF WY	OMING I, INC.					<i>]</i> 				
Principal Place of Business 188 INVERNESS DR. WEST ENGLEWOOD CO 80112 US				ng Address BOX 5630 DEPT. /ER CO 80217			E I DOLON ONLIG POLIGO LIDOSI INGLO ROLUG LUGI BUGU GIRS	DIGU GIGU A	.O.C. &2.000 (FFI)		
2. Principal Place of Business				US 3. Mailing Address							
1500 MARKET ST. Suite, Apt. #, etc.				1500 MARKET ST. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State PHILADELPHIA PA				/ & State PHILADELPHI	A	4 . F	4. FEI Number 59-1864613 Applied For Not Applicable				
Zip 1910	2-2148	USA		19102-2148	Coun U	try SA	⊥		8.75 Add ee Required		
6. Name and Address of Current Registered Agent						Name					
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND RD.										-	
PLANTATI	<u>2</u> 4 .		City			FL	Zip Code				
	named entity		the purp	oose of changing its	registere	L ed office or registe	ered ag	ent, or both, in the State of Florida. I am far	niliar with,	and accept	
J J											
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title il app	olicable (NOTE	: Registere	d Agent signature require	ed when re	einstating) DATE		 i	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					- -		9. Election Campaign Financing		0 мау Ве		
		Florida Department of)DC	11.		A FO	Trust Fund Contribution.		to Fees	
TITLE	D	OFFICERS AND I	JIREC IC	X Delete	TITLE	:			Change	(X) Addition	
NAME		MICHAEL P		Descrie	NAM			EPHEN B. BURKE		(22)	
STREET ADDRESS		NESS DR. WEST			1	et address	150	OO MARKET ST.			
CITY-ST-ZIP		OD CO 80112		<u></u>	CITY	-ST-ZIP	PHI	<u> ILADELPHIA PA 19102-214</u>			
TITLE	O COLI EVER	R, WILLIAM T		🔀 Delete	TITLE			an tumpinin -	Change	X Addition	
NAME STREET ADDRESS		NESS DR. WEST			NAMI STRE	et address		STEPHEN BACKSTROM			
CITY-ST-ZIP		OD CO 80112			-	-ST-ZiP		00 MARKET ST. LLADELPHIA PA 19102-214	g.		
TITLE	Р		_	☑ Delete	TITLE				Change	. X Addition	
NAME	COOPER,				NAM			THUR R. BLOCK		,	
STREET ADDRESS CITY-ST-ZIP		NESS DR. WEST OD CO 80112				ET ADDRESS -ST-ZIP		00 MARKET ST.			
TITLE	S	00 00 00112		TT Date				ILADELPHIA PA 19102-214	Change	Addition	
NAME	BAILEY, RI	CK D		🔀 Delete	TITLE			EASURER L HN L. ALCHIN	_ Change	LA Modificat	
STREET ADDRESS	188 INVER	ness dr. West				ET ADDRESS		00 MARKET ST.		}	
CITY-ST-ZIP		OD CO 80112			CITY	-ST-ZIP		LLADELPHIA PA 19102-214	8		
TITLE	AS	20.00		☑ Delete	TITLE	· · · · · ·			☐ Сћапде	X Addition	
NAME STREET ADDRESS	SHANK, JO	ohn L Ness dr West			NAME	l		THUR R. BLOCK			
CITY-ST-ZIP		OD CO 80112				ET ADDRESS -ST-ZIP	•	O MARKET ST.	0		
TITLE	T			■ Delete	TITLE			ILADELPHIA PA 19102-214 RECTOR [Change	X Addition	
NAME	DWYER, E			rag Delete	NAME	ſ		WRENCE S. SMITH		CZZ i mortuuri	
STREET ADDRESS		NESS DR. WEST				ET ADDRESS		OO MARKET ST.			
CITY-ST-ZIP	ENGLEWO	OD CO 80112			C TY-	-ST-ZIP		IT ADDITION DA 10102-216	0	1	

PHILADELPHIA PA 19102-2148 12. I hereby certify that the information supplied with this filling 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:

SERVELLICE MEQUIRE DSTEPHEN BACKSTROM

<u>215-981-7</u>5\$7

Daytime Phone #