FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name 595566

(1)

COMCAST CABLEVISION OF HALLANDALE, INC.

Principal Place of Business
644 SO. ANDREWS AVENUE FORT LAUDERDALE FL 33301

Mailing Address

644 SO. ANDREWS AVENUE



FORT LAUDI	ERDALE FL 33301	FORT LAUDERDALE FL	33301						
			3. Date Incorporated or Qualified 3a. Date of Last Re 11/29/1978 06/29/199				•		
	lace of Business ST CABLEVISION	2a. Mailing Address 26 COMCAST CORE	ን ጥ አጥ ነ	ON	4. FEI Number			Applied For	
Suite, Apt.			UKAI	LON	59-1837175			Not Applicable	
22 1401 N	NORTHPOINT PARKWAY	Suite, Apl. #_etc. 27 1500 MARKET STREET 36TH FLOOR City & State 28 PHILADLEPHIA, PA			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
City & State	e PALM BEACH, FL								
Zip	Country		7ip Country 8. This corporation has liability for intangible tax				d to Fees		
24 334	107 25 USA	29 19102-2148							
	9. Name and Address of Current	Registered Agent	1.7.1		10. Name and Address of New Re		ent		
				81 Name					
CTCO	RPORATION SYSTEM			82 Street Ac	(0.0 P-1)				
- '	OUTH PINE ISLAND ROAD			51reot Ac	ddress (P.O. Box Number is Not Acceptable	0)			
	TION FL 33324		1	83		· · · · · · · · · · · · · · · · · · ·			
				84 60					
				84 City 85 Zip Code					
11. Pursuant t	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statute	s, the abo	ve named corr	poration submits this statement for the purpoper of directors. Thereby accept the appo	ose of chance	ing its i	realistered office	
familiar wi	th, and accept the obligations of, Section	. Such change was authorize n 607.0505, Florida Statutes.	d by the c	corporation's bo	oard of directors. I hereby accept the appo	ntment as re	gisterec	l ägent. I am	
SIGNATURE									
	Signature, typed or printed name of registered agent an		E Registered	Agent signature requ	ured when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTO	RS IN 12	
TITLE	PD	🔀 DEFE1E	1. 1 Ti				Change	Addition	
NAME	PATTERSON, P. R.		1.2 NA		CDD AMELOUS				
STREET ADDRESS	80 WORCESTER RD			REET ADDRESS	SEE ATTACHED				
CITY-ST-ZIP TITLE	ETOBICOKE, ONT CAN	ED DUITE		IY-ST-ZIP	UPDATED LIST				
NAME	VD VD	A DELETE	44				Change	Addition	
STREET ADDRESS	KREECER, R. A. 644 S. ANDREWS AVE.	2 2 NAME							
CITY-ST-ZIP	FT.LAUDERDALE FL			REET ADDRESS					
TITLE	V V	[X] DELETE	2 4 CT	TY - ST - 7IP	7.70.000		<u> </u>	F	
NAME	LEWIS, SCOTT	E Mille		· i		LJ	Change	Addition	
STREET ADDRESS	644 S ANDREWS AVE		3 2 NA						
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1		REET ADDRESS					
TITLE	V	DELETE	3 4 C) 4 1 T)	Y-\$1-7IP			Change	☐ Addition	
NAME	BACKSTROM, C. STEPHEN	42 NAI				L.J.	กและเกิด	☐ WOULDIE	
STREET ADDRESS	1500 MARKET STREET			REET ADDRESS					
CITY - ST - ZIP	PHILADELPHIA PA			Y-ST-ZIP					
TITLE		☐ DFLE1E	5.111		-05/06/9601076			Addition	
NAME			5.2 NA						
STREET ADDRESS				RÉET ADORESS	***200.00				
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6. 1 TI				Change	Addition	
NAME			62 NA	ME			ø.	2.	
STREET ADDRESS			6351	REET ADDRESS				261	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				,	
14 Ldo hereb	v certify that the information conclind with	100000000000000000000000000000000000000	C. U. S.						

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or on an attachment with an address.

1. Styple Button C. ST.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

215-481-7557

Officers and Directors for:

052-38-4184 1500 MARK	030-34-3235 1500 MAF	194-36-7571 1500 MAF	151-30-0988 1500 MAF	071-64-7630 1500 MAF	199-03-5556 1500 MAF	183-36-9018 1500 MAF	JULIAN BRODSKY 209-26-2021 1500 MAF
	1500 MARK	·	·				

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