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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 595566 (1)

1. Corporation Name  
COMCAST CABLEVISION OF HALLANDALE, INC.

Principal Place of Business  
1401 NORTHPOINT PARKWAY  
2ND FLOOR  
WEST PALM BEACH FL 33407

Mailing Address  
1500 MARKET ST.  
36TH FLOOR  
PHILADELPHIA PA 19102-4736



3. Date Incorporated or Qualified  
11/29/1978

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

59-1837175

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	BAXTER, THOMAS G.	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	
TITLE	V	DELETE
NAME	BACKSTROM, STEPHEN C.	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	
TITLE	V	DELETE
NAME	SMITH, LAWRENCE S.	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	
TITLE	S	DELETE
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	
TITLE	T	DELETE
NAME	ALCHIN, JOHN	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	
TITLE	D	DELETE
NAME	ROBERTS, RALPH	
STREET ADDRESS	1500 MARKET ST.	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*C. S. Backstrom*

C. STEPHEN BACKSTROM

1/20/97

(215) 981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007766

CR2E034 (9/96)