

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90150 021 \*\*\*150.00

**DOCUMENT # 828649**

1. Entity Name  
COMCAST OF COLORADO/FLORIDA, INC.



Principal Place of Business  
1500 MARKET ST  
PHILADELPHIA, PA 19102 US

Mailing Address  
1500 MARKET ST  
PHILADELPHIA, PA 19102 US



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-0748273

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE P  
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  
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  
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  
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06 215-981-7557