



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		04102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 91-0748273	Applied For Not Applicable
		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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		<div>U000000732534 05/09/07-80049-021 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURKE, STEPHEN B 1500 MARKET ST PHILADELPHIA, PA 19102		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 19102		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLOCK, ARTHUR R 1500 MARKET ST PHILADELPHIA, PA 19102		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALCHIN, JOHN L 1500 MARKET ST PHILADELPHIA, PA 19102		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCK, ARTHUR R 1500 MARKET ST PHILADELPHIA, PA 19102		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>C. Stephen Backstrom</u>		C. Stephen Backstrom, VP 4/23/07 215-981-7557	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	