

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90131 021 ***150.00

DOCUMENT # 828649

1. Entity Name
TCI OF NORTHERN NEW JERSEY, INC.



COMCAST OF COLORADO/FLORIDA, INC.

Principal Place of Business
**188 INVERNESS DR W
ENGLEWOOD CO 80112
US**

Mailing Address
**P O BOX 5630
TAX DEPT
DENVER CO 80217
US**

60022530



2. Principal Place of Business
1500 MARKET ST.

3. Mailing Address
1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

4. FEI Number **91-0748273**

Applied For
Not Applicable

Zip Country
19102-2148 USA

Zip Country
19102-2148 USA

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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE-NAME	D HUSEBY, MICHAEL P	<input checked="" type="checkbox"/> Delete		TITLE-NAME	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	STEPHEN B. BURKE		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		
TITLE-NAME	P COOPER, RON	<input checked="" type="checkbox"/> Delete		TITLE-NAME	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	C. STEPHEN BACKSTROM		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		
TITLE-NAME	S/V BAILEY, RICK D	<input checked="" type="checkbox"/> Delete		TITLE-NAME	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	ARTHUR R. BLOCK		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		
TITLE-NAME	T DWYER, EDWARD M	<input checked="" type="checkbox"/> Delete		TITLE-NAME	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	JOHN L. ALCHIN		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		
TITLE-NAME	D SCHLEYER, WILLIAM T	<input checked="" type="checkbox"/> Delete		TITLE-NAME	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	ARTHUR R. BLOCK		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		
TITLE-NAME	AS SHANK, JOHN L	<input checked="" type="checkbox"/> Delete		TITLE-NAME	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	188 INVERNESS DR W			STREET ADDRESS	LAWRENCE S. SMITH		
CITY-ST-ZIP	ENGLEWOOD CO 80112			CITY-ST-ZIP	1500 MARKET ST.		
					PHILADELPHIA PA 19102-2148		

12. I 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 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 REQUIRED **STEPHEN BACKSTROM** 4/18/03 215-981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)