

B0000000386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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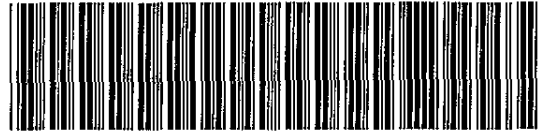
(Business Entity Name)

(Document Number)

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02 DEC 24 PM 12:30  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B00-386  
JK

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02 DEC 24 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORPORATION SYSTEM**

December 24, 2002

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5743397 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Comcast of Florida, LP (DC)  
Evidence of Amendment -  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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02 DEC 24 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF**

District Cablevision Limited Partnership

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The new name of the limited partnership is:  
Comcast of Florida, LP

The name and street address of the general partner is:  
District Cablevision, Inc.  
1500 Market Street, Philadelphia, PA 19102-2148

FOO-7102

W. E. Dordelma

(Signature of a General Partner)

District Cablevision, Inc.-GP- William E. Dordelman

(Typed or printed name of General Partner signing above)

STATE OF Pennsylvania  
COUNTY OF Philadelphia

On this 18<sup>th</sup> day of December, 2002, William E. Dordelma personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

Deborah L. Mogel  
(Notary's Printed Name)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Seal

My Commission Expires: 3/28/05

NOTARIAL SEAL  
DEBORAH L. MÖGEL, Notary Public  
City of Philadelphia, Phila. County  
My Commission Expires March 28, 2005