

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B00000000386 1. Entity Name DISTRICT CABLEVISION LIMITED PARTNERSHIP COMCAST OF FLORIDA, LP	
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Principal Place of Business 188 INVERNESS DRIVE WEST ENGLEWOOD CO 80112 US	Mailing Address P O BOX 5630 DENVER CO 80217-5630 US
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FILED

03 APR 23 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 1500 MARKET ST. Suite, Apt. #, etc.	3. Mailing Address 1500 MARKET ST Suite, Apt. #, etc.
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City & State PHILADELPHIA PA	City & State PHILADELPHIA PA		
Zip 19102-2148	Country USA	Zip 19102-2148	Country USA

DUE BY MAY 1, 2003	
4. FEI Number 84-1047253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # F00000007102 NAME DISTRICT CABLEVISION, INC. STREET ADDRESS 188 INVERNESS DRIVE WEST CITY-ST-ZIP ENGLEWOOD CO 80112	STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA PA 19102-2148
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as provided by Chapter 620, Florida Statutes

SIGNATURE: *STEPHEN BACKSTROM* **STEPHEN BACKSTROM** 4/16/03 215-981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)