

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B00000000386



1. Entity Name  
DISTRICT CABLEVISION LIMITED PARTNERSHIP

COMCAST OF FLORIDA, LP

Principal Place of Business  
188 INVERNESS DRIVE WEST  
ENGLEWOOD CO 80112  
US

Mailing Address  
P O BOX 5630  
DENVER CO 80217-5630  
US

FILED  
03 APR 23 PM 4:05



2. Principal Place of Business  
1500 MARKET ST.

3. Mailing Address  
1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
PHILADELPHIA PA

City & State  
PHILADELPHIA PA

4. FEI Number 84-1047253

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

DATE

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

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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STREET ADDRESS  
CITY-ST-ZIP

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 required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE REQUIRED* STEPHEN BACKSTROM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE