## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

STREET ADORESS CITY-ST-7/P

SIGNATURE: .

## FILED SECRETARY OF STATE Due By May 1, 2008 TALLAHASSEE, FLORIDA DOCUMENT # B01000000132 08 MAY - 1 PM 1: 27 GATÉWAY/JONES COMMUNICATIONS, LTD. Principal Place of Business Mailing Address 1500 MARKET STREET 1500 MARKET STREET PHILADELPHIA, PA 19102 PHILADELPHIA, PA 19102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1701 JOHN F KENNEDY BLVD 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E003 (12/06) Chq-LP TAX DEPT TAX DEPT City & State · City & State 4. FEI Number Applied For 84-1125256 PHILADELPHIA PA PHILADELPHIA PA Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired USA 19103-2838 USA 19103-2838 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. If am familiar with, and accept the obligations of registered agent SIGNATURE Sometime, typed or printed name of registered agent and talle it applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. M01000001523 DOCUMENT# STREET ADDRESS COMCAST CABLEVISION CORPORATION OF CALIFOR 1701 JOHN F KENNEDY BLVD NAME STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP CITY - ST - ZIE PHILADELPHIA, PA 19102 PHILADELPHIA PA 19103-2838 200127247102 04/30/08--01011--007 \*\*\*50 DOCUMENT # STREET ADDRESS \*\*500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS COTY - ST-7/P CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C. STEPHEN BACKSTROM, VP

215-286-7557