2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: _

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # B06000000280 08 HAY -1 PM 1: 27 COMCAST OF FLORIDA/PENNSYLVANIA, L.P. Principal Place of Business Mailing Address 1500 MARKET ST., TAX DEPT 1500 MARKET ST., TAX DEPT 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 Ant # etc Suite, Apt. #, etc. 04152008 Chg-LP CR2E003 (12/06) TAX DEPT TAX DEPT City & State City & State 4. FEI Number Applied For PHILADELPHIA PA PHILADELPHIA PA 25-1828170 Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 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 City 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, typed or printed name of registered agent and time if 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 12. ADDRESS CHANGES ONLY 13. B06000000279 DOCUMENT # STREET ADDRESS NAME PARNASSOS COMMUNICATIONS, L.P. 1701 JOHN F KENNEDY BLVD STREET ADDRESS 1500 MARKET ST., TAX DEPT CITY - ST - ZIP PHILADELPHIA PA 19103-2838 CITY-ST-ZIP PHILADELPHIA, PA 19102 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - \$1-71P 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 ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP 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.

C. STEPHEN BACKSTROM, VP

215-286-7557

Daytime Phone #