2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 1:27

DOCUMENT # B06000000280

1. Entity Name
COMCAST OF FLORIDA/PENNSYLVANIA, L.P.

Principal Place of Business	Mailing Address
1500 MARKET ST., TAX DEPT PHILADELPHIA, PA 19102	1500 MARKET ST., TAX DEPT PHILADELPHIA, PA 19102

04152008 Chg-LP CR2E003 (12/06)

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.: TAX DEPT		Suite, Apt. #, etc.: TAX DEPT	
City & State: PHILADELPHIA PA		City & State: PHILADELPHIA PA	
Zip: 19103-2838	Country: USA	Zip: 19103-2838	Country: USA

4. FEI Number: 25-1828170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B06000000279	STREET ADDRESS	1701 JOHN F KENNEDY BLVD
NAME	PARNASSOS COMMUNICATIONS, L.P.		
STREET ADDRESS	1500 MARKET ST., TAX DEPT	CITY-ST-ZIP	PHILADELPHIA PA 19103-2838
CITY-ST-ZIP	PHILADELPHIA, PA 19102		
DOCUMENT #		STREET ADDRESS	100127246351 04/30/08--01011--006 **500.00
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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: C S Backstrom C. STEPHEN BACKSTROM, VP 4/21/08 215-286-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #