## **ANNUAL REPORT**

## **2008 FOR PROFIT CORPORATION**

FILED Apr 25, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam COMCAS				04-25-2008	90110 03	37 ***150	.00			
Principal Plac	e of Rusiness	Mailing Address	<u>-</u>		4008	1038				
1500 MARKE		1500 MARKET ST.			3000	1001				
		PHILADELPHIA, PA 191	02.2148 HS							
PHILADELPHIA, PA 19102-2148 US PHILADELPHIA, PA 19102			02-2140 03	•	1.0					
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Principal Place of Business - No P.O. Box # 3. Mailing Address										
1701 JOHN F KENNEDY BLVD		1701 JOHN F KENNEDY BLVD			11001100 01	. 5211 11511 1511 4211 51	2114 BESS BEIST SA		11351 11 1331	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04152008	Chg-P	CR2E0	34 (12/06)		
							·	· ·		
City & State		City & State		:	4. FEI Numb			<u> </u>	plied For	
	ELPHIA PA	PHILADELPHIA PA			84-140	2910		No	t Applicable	
Zip	Country	Zip 40402 2020	Country		5. Certificate	of Status Desired		\$8.75 Add		
19103	-2838 USA	19103-2838	US.	A	L			Fee Require	0	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent						
C T CODD	ODATIOM OVOTEM		Name	Name						
	ORATION SYSTEM TH PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	ON, FL 33324									
	ON, 7 E 30324									
			City					Zip Code		
			City				FL	. Zip Cooi	<b>.</b>	
	named entity submits this statement for	the purpose of changing its re	egistered office or	register	ed agent, or bo	th, in the State of F	lorida. Lam l	lamiliar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE_	<b>&gt;</b>									
SIGNATURE_	Signature, typed or prigred name of registered agent a	and rate if applicable (NOTE:	Registered Agent signatu	re required	when reinstailing)		DATE			
	<u>.</u>							···	<del></del>	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar					<b>00</b> May Be					
	ay 1, 2008 Fee, will be \$550.0	Trust Fund Contrit	bution.	Addi	ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	CIN 11	
TITLE	P 50	☐ Delete	TITLE	Γ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.4.1020.00	rioci io	Change	Addition	
NAME	BURKE, STEPHEN B	L_J Delete	NAME					C. numige	[_] Addition	
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS	170	11 JOHN E I	KENNEDY BLV	/D			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		ILADELPHI		3-2838			
THILE	V	□ Oelele	TITLE					(X) Change	Addition	
NAME	BACKSTROM, C. STEPHEN	Other	NAME					(		
STREET ADDRESS	1500 MARKET ST. STREET			170	1701 JOHN F KENNEDY BLVD					
CITY-ST-ZIP			CITY-ST-ZIP		PHILADELPHIA PA 19103-2838					
TITLE	S	☐ Delete	TITLE			10,00	2000		☐ Addition	
NAME	BLOCK, ARTHUR R	(_) Descie	NAME					[24] Ondrige		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS	170	1 10411 5 1	ENNEDY BLV	n			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		LADELPHI		B-2838			
IITLE	7 0	₩ Delete	TITLE	T T	, IFADECLIN	4 FA 10100	7 2000	Change	★ Addition	
NAME	ALCHIN, JOHN R	ZZ DERIE	NAME	KF	NNETH MIR	(ALAUSKAS			M MORNION	
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS	i		ENNEDY BLV	D			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		ILADELPHI		3-2838			
TIFLE	D	☐ Delete	TETLE			,,,,			Addition	
NAME	BLOCK, ARTHUR R	Delete	NAME					EZI Overige		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS	170	1 IOHN E K	ENNEDY BLV	'n			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP		IILADELPHI		3-2838			
TITLE		☑ Delete	1171.E			10100	-2000	Change	☐ Addition	
NAME		ÇA DOM	NAME					onunge		
STREET ADDRESS			STREET ADDRESS							
CITY-ST-21P			CITY-ST-ZIP							

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM, VP

1.5.B.

215-286-7557

Daytime Phone #