

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004050

1. Entity Name
COMCAST SPOTLIGHT, INC.



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102

Mailing Address
1500 MARKET STREET
TAX DEPT.
PHILADELPHIA, PA 19102



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0552488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME BACKSTROM, C. STEPHEN
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE V
NAME COHEN, DAVID L
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE P
NAME BURKE, STEPHEN B
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE VSD
NAME BLOCK, ARTHUR R
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE VT
NAME ALCHIN, JOHN R
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE V
NAME SMITH, LAWRENCE S
STREET ADDRESS 1500 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19102

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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.

SIGNATURE:

C. S. Backstrom

C. STEPHEN BACKSTROM, VP

4/27/05

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #