



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 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	 04112007 No Chg-P CR2E034 (11/05) 4. FEI Number 82-0552488 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
B. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		
DO NOT WRITE IN THIS SPACE		
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102	DO NOT WRITE IN THIS SPACE U00000732715 05/09/07-80057-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, DAVID L 1500 MARKET STREET PHILADELPHIA, PA 19102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET STREET PHILADELPHIA, PA 19102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALCHIN, JOHN R 1500 MARKET STREET PHILADELPHIA, PA 19102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, LAWRENCE S 1500 MARKET STREET PHILADELPHIA, PA 19102	
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 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: <u>C. S. Backstrom</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		C. Stephen Backstrom, VP Date <u>4/24/07</u> Daytime Phone # <u>215-981-7557</u>