


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90110 027 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1701 JOHN F KENNEDY BLVD		3. Mailing Address 1701 JOHN F KENNEDY BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PHILADELPHIA PA		City & State PHILADELPHIA PA		4. FEI Number 82-0552488	
Zip 19103-2838		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, DAVID L 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALCHIN, JOHN R 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T KENNETH MIKALAUSKAS 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, LAWRENCE S 1500 MARKET STREET PHILADELPHIA, PA 19102 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>C. S. Backstrom</i>			C. STEPHEN BACKSTROM, VP <i>4/21/08</i> 215-286-7557		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		