


FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90074 026 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000000491			
1. Entity Name COMCAST OF ARKANSAS/FLORIDA/LOUISIANA/MINNESOTA/ MISSISSIPPE/TENNESSEE, INC.			
Principal Place of Business 290 HARBOR DR STAMFORD, CT 06902		Mailing Address 7800 CRESCENT EXECUTIVE DR SUITE 56 CHARLOTTE, NC 28217	
2. Principal Place of Business - No P.O. Box # 1500 Market St		3. Mailing Address 1500 Market ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Philadelphia PA		City & State Philadelphia PA	
Zip 19102		Country USA	
		4. FEI Number 20-2602643	
		Applied For <input type="checkbox"/> Not Applicable	
		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 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: _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C O'HAYRE, DAVID E 290 HARBOR DR STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN B. BURKE 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITT, GLENN A 290 HARBOR DR STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANKENBRINK, KRISTINE 7800 CRESCENT EXECUTIVE DR CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ARTHUR R BLOCK 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTMAN, DAVID A 290 HARBOR DR STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN R. ALCHIN 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALDERDICE, ELLEN 7800 CRESCENT EXECUTIVE DR CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR R. BLOCK 1500 MARKET ST PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u>C. S. Backstrom</u>		C. Stephen Backstrom, VP <u>4/23/07</u> 215-981-7557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	