

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002428

1. Entity Name
COMCAST-SPECTACOR FOUNDATION, INC.



Principal Place of Business
**3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

Mailing Address
**3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**



03092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2513233

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAINEY, ISABELLE
HARBORVIEW CENTER
300 CLEVELAND STREET
CLEARWATER, FL 33755**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
SALESKI, MARY ANN
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVSD
WEINBERG, PHILIP I
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
LIPSTEIN, SANFORD
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ROTHENBERG, BRIAN
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JOHNSON, RITA
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KING, BILLY
3601 SOUTH BROAD STREET
PHILADELPHIA, PA 19148**

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03/29/07-80014-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P. Rothenberg
Brian P. Rothenberg

Asst Secretary
Asst Secretary

Date

3/7/07
3/7/07

Daytime Phone #

215-952-5723
215-952-5723