

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 011 ***150.00

DOCUMENT # F24401

1. Entity Name
COMCAST OF MIAMI, INC.



Principal Place of Business
1500 MARKET ST.
PHILADELPHIA, PA 19102-2148 US

Mailing Address
1500 MARKET ST.
P.O. BOX 5630
PHILADELPHIA, PA 19102-2148 US

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-0944848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BURKE, STEPHEN B
STREET ADDRESS 1500 MARKET ST.
CITY - ST - ZIP PHILADELPHIA, PA 191022148

TITLE V
NAME BACKSTROM, C. STEPHEN
STREET ADDRESS 1500 MARKET ST.
CITY - ST - ZIP PHILADELPHIA, PA 191022148

TITLE S
NAME BLOCK, ARTHUR R
STREET ADDRESS 1500 MARKET ST.
CITY - ST - ZIP PHILADELPHIA, PA 191022148

TITLE T
NAME ALCHIN, JOHN L
STREET ADDRESS 1500 MARKET ST.
CITY - ST - ZIP PHILADELPHIA, PA 191022148

TITLE D
NAME BLOCK, ARTHUR R
STREET ADDRESS 1500 MARKET ST.
CITY - ST - ZIP PHILADELPHIA, PA 191022148

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06 215-981-7557