

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

011685

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 FEB 11 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE 98-99

DOCUMENT # F94000000047 (0)

1. Corporation Name

COMCAST TELECOMMUNICATIONS, INC.

Principal Place of Business

111 PRESIDENTIAL BLVD.
SUITE 125-A
BALA CYNWYD PA 19004
US

Mailing Address

111 PRESIDENTIAL BLVD.
SUITE 125-A
BALA CYNWYD PA 19004
US

2. Principal Place of Business

21 211 South Gulph Road

Suite, Apt. #, etc.

22 Suite 100

City & State

23 King of Prussia, PA

Zip

24 19406

Country

2a. Mailing Address

26 1500 Market Street

Suite, Apt. #, etc.

27 36th Floor

City & State

28 Philadelphia, PA

Zip

29 19102

Country

30 USA

3. Date Incorporated or Qualified

01/04/1994

4. FEI Number
23-2736203

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

81 Name

Comcast Cablevision of West Palm Beach, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1100 Northpoint Parkway, Suite 200

83

84 City

West Palm Beach

FL

85 Zip Code

33407

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

C. Stephen Backstrom
Signature, typed or printed name of registered agent and title if applicable

C. Stephen Backstrom

12/21/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	COHEN, NATHANIEL R	
STREET ADDRESS	124 PINE TREE ROAD	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EDELSTEIN, BARRY M	
STREET ADDRESS	357 LLANDRILLO RD.	
CITY-ST-ZIP	BALA CYNWYD PA 19072	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ADAM LEVIN	
STREET ADDRESS	221 GLENWOOD RD	
CITY-ST-ZIP	MELROSE PARK PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	200002778472--5	
14 CITY-ST-ZIP	-02/17/99--01075--009	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	200002778472--5	
24 CITY-ST-ZIP	-02/17/99--01075--010	
31 TITLE	VP/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Stanley Wang	
33 STREET ADDRESS	1500 Market Street	
34 CITY-ST-ZIP	Philadelphia, PA 19102	
41 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	C. Stephen Backstrom	
43 STREET ADDRESS	1500 Market Street	
44 CITY-ST-ZIP	Philadelphia, PA 19102	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. Stephen Backstrom

C. Stephen Backstrom, Vice President

215-981-7557

CR2E034 (5/98)