

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90023 038 ***150.00

DOCUMENT # F94000000047

1. Entity Name

COMCAST BUSINESS COMMUNICATIONS, INC.

Principal Place of Business

**211 SOUTH GULPH ROAD
 SUITE 100
 KING OF PRUSSIA PA 19406
 US**

Mailing Address

**1500 MARKET STREET
 36TH FLOOR
 PHILADELPHIA PA 19102**

C0058890



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2736203**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COMCAST CABLEVISION OF WEST PALM BEACH INC
 1100 NORTHPOINT PARKWAY, SUITE 200
 WEST PALM BEACH FL 33407**

Name

Comcast Cablevision of Perry, Inc.

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

217 E. Green Street

City

Perry

FL

Zip Code

32348

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.

SIGNATURE

C. S. Backstrom

C. Stephen Backstrom, Vice President

4/11/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW WITH FEE IS \$100.00
 MAY 11, 2001 Fee will be \$500.00
 Must be paid to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COHEN, NATHANIEL R	
STREET ADDRESS	124 PINE TREE ROAD	
CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EDELSTEIN, BARRY M	
STREET ADDRESS	357 LLANDRILLO RD.	
CITY-ST-ZIP	BALA CYNWYD PA 19072	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ALCHIN, JOHN R	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burke, Stephen B.	
STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	Philadelphia, Pa 19102	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Lawrence C.	
STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	Philadelphia, Pa 19102	
TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wang, Stanley	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Backstrom, C. Stephen	
STREET ADDRESS	1500 Market Street	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. S. Backstrom

C. Stephen Backstrom

4/11/01

Date

215 981-7557

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)