

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90117 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000047

1. Entity Name

COMCAST BUSINESS COMMUNICATIONS, INC.

Principal Place of Business

**211 SOUTH GULPH ROAD
SUITE 100
KING OF PRUSSIA PA 19106
US**

Mailing Address

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

2. Principal Place of Business

650 CENTERTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOORESTOWN, NJ

City & State

4. FEI Number

23-2736203

Applied For

Not Applicable

Zip

08057

Country

US

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 PERRY, INC.
217 E GREEN STREET
PERRY FL 32348**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BURKE, STEPHEN | |
| STREET ADDRESS | 1500 MARKET STREET | |
| CITY-ST-ZIP | PHILADELPHIA PA 19102 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SMITH, LAWRENCE C | |
| STREET ADDRESS | 1500 MARKET STREET | |
| CITY-ST-ZIP | PHILADELPHIA PA 19102 | |
| TITLE | VDS | <input type="checkbox"/> Delete |
| NAME | WANG, STANLEY | |
| STREET ADDRESS | 1500 MARKET STREET | |
| CITY-ST-ZIP | PHILADELPHIA PA 19102 | |
| TITLE | V | <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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom

Date

Daytime Phone #

7/15/02 215 981-7557

CR2E034(9/01)