


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90240 044 \*\*\*150.00

<b>DOCUMENT # F94000000047</b>	
1. Entity Name <b>COMCAST BUSINESS COMMUNICATIONS, INC.</b>	

Principal Place of Business <b>650 CENTERRON ROAD MOORESTOWN, NJ 08057 US</b>	Mailing Address <b>1500 MARKET STREET TAX DEPARTMENT PHILADELPHIA, PA 19102</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>23-2736203</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>COMCAST CABLEVISION OF PERRY, INC. 217 E GREEN STREET PERRY, FL 32348</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURKE, STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SMITH, LAWRENCE C 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, LAWRENCE C 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BLOCK, ARTHUR 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD BLOCK, ARTHUR 1500 MARKET STREET PHILADELPHIA PA 19102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TV ALCHIN, JOHN R 1500 MARKET ST PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COHEN, DAVID L 1500 MARKET ST PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COHEN, DAVID L 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **C. STEPHEN BACKSTROM** 4/23/04 215-981-7557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #