
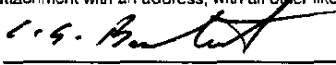


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2004 90240 044 ***150.00

DOCUMENT # F9400000047					
1. Entity Name COMCAST BUSINESS COMMUNICATIONS, INC.					
Principal Place of Business 650 CENTERRON ROAD MOORESTOWN, NJ 08057 US			Mailing Address 1500 MARKET STREET TAX DEPARTMENT PHILADELPHIA, PA 19102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2736203	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reballoting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, STEPHEN		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE C		NAME	SMITH, LAWRENCE C	
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP	PHILADELPHIA, PA 19102	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR		NAME	BLOCK, ARTHUR	
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN		NAME		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN R		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, DAVID L		NAME	COHEN, DAVID L	
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19102		CITY-ST-ZIP	PHILADELPHIA, PA 19102	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		Date: 4/23/04 Daytime Phone #: 215-981-7557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					