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1997 MAY -5 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F94000003384 (4)

1. Corporation Name

COMCAST NETWORK COMMUNICATIONS OF SOUTH FLORIDA,
INC.

Principal Place of Business

1401 NORTHPOINT PARKWAY
2ND FLOOR
WEST PALM BEACH FL 33407

Mailing Address

1500 MARKET ST.
36TH FLOOR
PHILADELPHIA PA 19102-4736

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 One Teleport Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 One Teleport Drive
Suite, Apt. #, etc.

4. FEI Number

51-0356761

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City State

23 Staten Island NY
Zip 10311 Country

27 City State

28 Staten Island NY
Zip 10311 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83 000002167220-9
-05/06/97-01055-004

84 City

****550.00 FL ****550.00

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BAXTER, THOMAS G.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	DELETE
NAME	BACKSTROM, STEPHEN C.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	DELETE
NAME	SMITH, LAWRENCE S.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	S	DELETE
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	T	DELETE
NAME	ALCHIN, JOHN	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	D	DELETE
NAME	ROBEERTS, RALPH	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, Chairman, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Annunziata	
1.3 STREET ADDRESS	One Teleport Drive	
1.4 CITY-ST-ZIP	Staten Island NY 10311	
2.1 TITLE	Director, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John A. Scarpato	
2.3 STREET ADDRESS	One Teleport Drive	
2.4 CITY-ST-ZIP	Staten Island NY 10311	
3.1 TITLE	Director, Service President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert C. Atkinson	
3.3 STREET ADDRESS	One Teleport Drive	
3.4 CITY-ST-ZIP	Staten Island NY 10311	
4.1 TITLE	Vice President and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John W. Thomson	
4.3 STREET ADDRESS	One Teleport Drive	
4.4 CITY-ST-ZIP	Staten Island NY 10311	
5.1 TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AIF T. Hansen	
5.3 STREET ADDRESS	One Teleport Drive	
5.4 CITY-ST-ZIP	Staten Island NY 10311	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

John W. Thomson Vice President and Secretary 718 355-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007785

CR2E034 (9/96)