

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000815 (8)**

1. Corporation Name
COMCAST COMMUNICATIONS PROPERTIES, INC.

Principal Place of Business
**1500 MARKET ST. - 35TH FL.
PHILADELPHIA PA 19102-2148**

Mailing Address
**1500 MARKET ST. - 35TH FL.
PHILADELPHIA PA 19102-4735**



2. Principal Place of Business 21 1105 N. Market Suite, Apt. #, etc. Suite 1219 Street 22 Wilmington, DE City & State 23 19801 USA Zip Country 24		2a. Mailing Address 26 1105 N. Market Suite, Apt. #, etc. Suite 1219 Street 27 Wilmington, DE City & State 28 19801 USA Zip Country 29		3. Date Incorporated or Qualified 02/19/1996	3a. Date of Last Report
4. FEI Number 23-2800420		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T 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 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH J	1.2 NAME	
STREET ADDRESS	1500 MARKET ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	1.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, JULIAN A	2.2 NAME	
STREET ADDRESS	1500 MARKET ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	2.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BRIAN L	3.2 NAME	
STREET ADDRESS	1500 MARKET ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	4.2 NAME	
STREET ADDRESS	1500 MARKET ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN	5.2 NAME	
STREET ADDRESS	1500 MARKET ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR R	6.2 NAME	
STREET ADDRESS	1500 MARKET ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA 19102-2148	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: *C. S. Backstrom* **C. STEPHEN BACKSTROM** (215) 981-7557
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #