

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90076 030 ***150.00

DOCUMENT # F96000000815

1. Corporation Name

COMCAST COMMUNICATIONS PROPERTIES, INC.

Principal Place of Business

1105 NO MARKET
SUITE 1219 STREET
WILMINGTON DE 19801
US

Mailing Address

1500 MARKET ST
36TH FLOOR
PHILADELPHIA PA 19102
US

2. Principal Place of Business

21 1201 Market Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2201

City & State

23 Wilmington, DE

Zip

24 19801

Country

25 US

City & State

26 Suite, Apt. #, etc.

27

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

23-2800420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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

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 C... ☒ DELETE

NAME ROBERTS, RALPH J

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

TITLE C ☒ DELETE

NAME BRODSKY, JULIAN A

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

TITLE DP ☒ DELETE

NAME ROBERTS, BRIAN L

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

TITLE D ☒ DELETE

NAME WANG, STANLEY

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

TITLE V ☒ DELETE

NAME BACKSTROM, C. STEPHEN

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

TITLE AS ☒ DELETE

NAME BLOCK, ARTHUR R

STREET ADDRESS 1500 MARKET ST.

CITY-ST-ZIP PHILADELPHIA PA 19102-2148

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME Rosemarie S. Teta

2.3 STREET ADDRESS 1500 Market Street

2.4 CITY-ST-ZIP Philadelphia, PA 19102

3.1 TITLE P/T ☒ Change ☐ Addition

3.2 NAME C. Stephen Backstrom

3.3 STREET ADDRESS 1500 Market Street

3.4 CITY-ST-ZIP Philadelphia, PA 19102

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME William E. Dordelman

4.3 STREET ADDRESS 1500 Market Street

4.4 CITY-ST-ZIP Philadelphia, PA 19102

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME Joseph J. Euteneuer

5.3 STREET ADDRESS 1500 Market Street

5.4 CITY-ST-ZIP Philadelphia, PA 19102

6.1 TITLE V ☒ Change ☐ Addition

6.2 NAME Jordan R. Nadell

6.3 STREET ADDRESS 1500 Market Street

6.4 CITY-ST-ZIP Philadelphia, PA 19102

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)