

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90200 033 \*\*\*150.00

DOCUMENT # F96000000867

1. Entity Name  
COMCAST MO INTERACTIVE SERVICES, INC.



Principal Place of Business

1500 MARKET ST  
PHILADELPHIA, PA 19102-2148 US

Mailing Address

1500 MARKET ST  
PHILADELPHIA, PA 19102-2148 US

24068518



04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
84-1320963

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent signature required when retaking)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATLOVE, ABRAM E 1500 MARKET ST PHILADELPHIA, PA 191022148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BACKSTROM, STEPHEN C 1500 MARKET ST PHILADELPHIA, PA 191022148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DORDELMAN, WILLIAM E 1500 MARKET ST PHILADELPHIA, PA 191022148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BACKSTROM, STEPHEN C 1500 MARKET ST PHILADELPHIA, PA 191022148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATLOVE, ABRAM E 15000 MARKET ST PHILADELPHIA, PA 191022148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIONGLAY, JUDIE M 1500 MARKET ST PHILADELPHIA, PA 191022148	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCUE, JAMES P 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BACKSTROM, C. STEPHEN 1500 MARKET ST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD DORDELMAN, WILLIAM E 1500 MARKET ST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VATASD TETA, ROSEMARIE S 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATASD CROWELL, SANDRA W 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

215-981-7557

Daytime Phone #