

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 024 ***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



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCCUE, JAMES P
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE VTD
NAME BACKSTROM, STEPHEN C
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE VSD
NAME DORDELMAN, WILLIAM E
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE VTSD
NAME TETEA, ROSEMARIE S
STREET ADDRESS 15000 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE TSD
NAME CROWELL, SANDRA W
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #

4/26/06 215-981-7557