

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**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**



04102007 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, 2007 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 MCCUE, JAMES P 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BACKSTROM, STEPHEN C 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DORDELMAN, WILLIAM E 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD TETEA, ROSEMARIE S 15000 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CROWELL, SANDRA W 1500 MARKET ST PHILADELPHIA, PA 19102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000732531  
05/09/07-80049-018 150.00

**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:** \_\_\_\_\_

*C. Stephen Backstrom*

C. Stephen Backstrom, VP

*4/23/07*

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #