


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90110 040 \*\*\*150.00

<b>DOCUMENT # F96000000867</b> 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		
2. Principal Place of Business - No P.O. Box # 1701 JOHN F KENNEDY BLVD		3. Mailing Address 1701 JOHN F KENNEDY BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PHILADELPHIA PA		City & State PHILADELPHIA PA		4. FEI Number 84-1320963	
Zip 19103-2838		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <span style="float: right;">FL</span> 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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VTD BACKSTROM, STEPHEN C 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VSD DORDELMAN, WILLIAM E 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VTSD TETEA, ROSEMARIE S 15000 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TSD CROWELL, SANDRA W 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>C. S. Backstrom</i>			C. STEPHEN BACKSTROM, VP		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/21/08 <small>Daytime Phone #</small> 215-286-7557		