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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002453 (6)

1. Corporation Name

COMCAST SATELLITE COMMUNICATIONS, INC.



Principal Place of Business  
1500 MARKET ST 35TH FLR  
PHILADELPHIA PA 19102-2148

Mailing Address  
1500 MARKET ST 35TH FLR  
PHILADELPHIA PA 19102-4735

3. Date Incorporated or Qualified  
05/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 1500 MARKET STREET

Suite, Apt. #, etc.

22 36TH FLOOR

City & State

23 PHILADELPHIA, PA

Zip

Country

24 19102-2148 25 USA

2a. Mailing Address

26 1500 MARKET STREET

Suite, Apt. #, etc.

27 36TH FLOOR

City & State

28 PHILADELPHIA, PA

Zip

Country

29 19102-2148 30 USA

4. FEI Number

51-0338701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

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 DC  
NAME ROBERTS, RALPH J  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE DC  
NAME ROBERTS, BRIAN L  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102

☐ DELETE

TITLE DST  
NAME BRODSKY, JULIAN A  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102-2148

☐ DELETE

TITLE D  
NAME WANG, STANLEY  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102-2148

☐ DELETE

TITLE VT  
NAME ALCHIN, JOHN R  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102-2148

☐ DELETE

TITLE P  
NAME BAXTER, THOMAS G  
STREET ADDRESS 1500 MARKET ST 33TH FLR  
CITY-ST-ZIP PHILADELPHIA PA 19102-2148

☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: C. S. Backstrom C. STEPHEN BACKSTROM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(215) 981-7557

Daytime Phone #

CR2E034 (9/96)