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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000002453 (6)

COMCAST SATELLITE COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 12 1997 8:00am Secretary of State



1500 MARKET ST 35TH FLR PHILADELPHIA PA 19102-2148		1500 MARKET ST 35TH FLR PHILADELPHIA PA 19102-4735					
					3. Date Incorporated or Qualified 05/15/1996	3a. Date of Last I	Report
2. Principa! Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 1500	O MARKET STREET	26 1500 MARKE	T_STR	EET	51-0338701	N	lot Applicable
Suite, Apt. 4		26 1500 MARKET STREET Suite, Apt. #, etc. 27 36TH FLOOR		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
PHII	LADELPHIA, PA	28 PHILADELPH	IA, P	Α	Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	1	8. This corporation has liability for i		в. 199.032,
419102	-2148 25 USA	29 19102-2148	90 US	Α		Yes No	
	9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New Re	gistered Agent	
C T CORPORATION SYSTEM			81	Name			
	0 South Pine Island Road Intation FL 33324	82		Street Add	treet Address (P.O. Box Number is Not Acceptable)		
PUN	NIMHON FL 33324		83			······································	
			84	City		85 Zip	Code
			54	City		FL   °°   ZP	- C006
office or re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	ot the appointment as	s registered
CICNIATURE							
SIGNATURE .	Signature Typed of printed carrie of registered ago	ont and fille Tapplicable. (NOTE:	Registered Ag	eni signature requ	stred when reinstating)	DATE	
SIGNATURE .	OFFICERS AN		Registered Ap	en) signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFIC	·····	RS IN 12
12.	OFFICERS AN			eni signature requ		·····	
	OFFICERS AND DC ROBERTS, RALPH J	D DIRECTORS	13.	en) signalure requ		ERS AND DIRECTO	
<b>12.</b> 101.F	OFFICERS AND DC ROBERTS, RALPH J 1500 MARKET ST 33TH FLR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	eni signalure requ		ERS AND DIRECTO	
12. TOLE NAME	OFFICERS AND DC ROBERTS, RALPH J 1500 MARKET ST 33TH FLR PHILADELPHIA PA 19102	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS		ERS AND DIRECTO	
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12. THEF NAME STREEL ADDRESS CITY-SI-769 THEE NAME	DC ROBERTS, RALPH J 1500 MARKET ST 33TH FLR PHILADELPHIA PA 19102 DC ROBERTS, BRIAN L 1500 MARKET ST 33TH FLR PHILADELPHIA PA 19102	D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP		ERS AND DIRECTO	Addition
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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 atjachment with an address.