*FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700001477 (5)

COMCAST INTERNET ACCESS SERVICES, INC.

					{	####
Principal Place	e of Business	Mailing Address				hant timte Athet idabit samt samt
% COMCAST CORP % COMCAST CORP						
1500 MARKET ST PHILADELPHIA PA 19102			1500 MARKET ST		DO NOT WRITE IN THIS SPACE	
PHILADELPHI	W LW ISINS	PHILADELPHIA PA 1910	PHILADELPHIA PA 19102		3. Date Incorporated or Qualified	
					03/21/1997	
2. Principal Place of Business 2a. Mailing Addr					4. FEI Number	Applied For
¬ `		26	٦ - "		APPLIED FOR	Not Applicable
		Suite, Apt. #, etc.	uite, Apt. #, etc.			\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	d		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Count	try	B. This corporation owes or has paid the cu	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
C1	CORPORATION SYSTEM		8	Name		
1200 SOUTH PINÉ ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				- Circuit (
			6	13		
4				4 City		85 Zip Code
4			ľ	City	Fl	85 Zip Code
11. Pyrsuant t	o the provisions of Sections 607.050.	2 and 607.1508, Florida Statu	ites, the abo	ove-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
office of re agent. Lai	a gistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	i authorized Torida Statut	by the corpora tes,	ation's board of directors. Thereby accept the ap	pointment as registered
SIGNATURE	•					
	Signature, typed or printed name of registured age		It fingistered /	\grot signature requ	uited when reinstating) DATE	······································
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DC	☐ DELETE 1.1 117		E		☐ Change ☐ Addition }
NAME	ROBERTS, RALPH J		1.2 NAM	E		
STREET ADDRESS			1.3 STRE	L1 ADDRESS		},
CITY-ST-ZIP			1.4 CITY	- S1- ZIP		
TITLE	DC	DELETE	2.1 1/11/	F		Change Addition
NAME			2 ? NAM	F		}
STREET ADDRESS			2 3 STRE	ET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102			/-ST-ZIP		
TITLE	DP	DELETE 3.11		i		Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS	1500 MARKET ST		3.3 \$1RE	ET ADDRESS		ļ
CITY-ST-ZIP	\ <u></u>			r-ST-ZIP	······································	
TITLE	DS	☐ DELÉTÉ	4.1 101.6			Change Addition
NAME	WANG, STANLEY		4. 2 NAN	AE		ļ
STREET ADDRESS	1500 MARKET ST			ET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102		4.4 CITY			
TITLE	V	DELETE	5 1 1HTCF	- 1		Change Addition
NAME	BLOCK, ARTHUR R		5.2 NAM	E		()W
STREET ADDRESS	1500 MARKET ST		5.3 STRE	ET ADDRESS		à-10
CITY-ST-ZIP	PHILADELPHIA PA 19102		5.4 CITY			
TITLE	Ţ	☐ DELETE	6.1 TITLE	i	5000024263	
NAME	ALCHIN, JOHN R	,	6.2 NAM	E	-02/10/98010240	20 l
STREET ADDRESS	1500 MARKET ST		6.3 STRE	F1 ADDRESS	***150.00	
CITY-ST-ZIP	PHILADELPHIA PA 19102		6.4 C/TY			
14. I hereby c	ertify that the information supplied wi	th this filing does not qualify	for the exem	iption stated in	n Section 119.07(3)(i), Florida Statutes. Hurther c	ertify that the information

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.