

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001478

1. Entity Name

COMCAST INTERNET SERVICES, INC.

Principal Place of Business

Mailing Address

% COMCAST CORP
1500 MARKET ST
PHILADELPHIA PA 19102

% COMCAST CORP
1500 MARKET ST
PHILADELPHIA PA 19102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 Market St.

36th Floor

City & State

City & State Philadelphia, PA

Zip

Country

Zip

19102-2148

Country

US

4. FEI Number 52-2014378

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILED WITH FEE IS \$150.00
APR 10 2001 Fee will be \$500.00
State Office Reports to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	ROBERTS, RALPH J	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	BRODSKY, JULIAN A	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BURKE, STEPHEN B	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALCHIN, JOHN R	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Ralph J.	
STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Lawrence S.	
STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberts, Brian, L	
STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	Philadelphia, PA 19102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90247 024 ***150.00

05-16-2001



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)