FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90011 048 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000001232

1. Corporation Name

Principal Place of Business

COMCAST MH BUSINESS ONLINE COMMUNICATIONS, INC.

C/O COMAST C 1500 MARKET S PHILADELPHIA F	i T ,	C/O COMAST CORPORATION 1500 MARKET ST. PHILADELPHIA PA 19102			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					03/03/1998			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	olied For	
24		26			23-2951866	Not	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5 0 17 1 (OLL Paint D	\$8.75 A	dditional	
22	., .	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	3	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current ye	ar Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent		
			81	Name				
CTO	CORPORATION SYSTEM		82	Street	Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD			02	Sueer	Address (F.O. Dox Hamber is Not Acceptable)			
PLAN	ITATION FL 33324		83	 				
						85 Zip C	*oda	
			84	City		FL 85 Zip C	,oue	
11 Dureuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	s, the abov	e-named	corporation submits this statement for the purpor	se of changing its	registered	
office or re	enistered agent, or both, in the State (of Florida. Such change was au	thonzed by	tne corp	oration's board of directors. I hereby accept the	appointment as reg	gistered	
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Plofil	da Statutes	s.				
SIGNATURE	Signature, typed or printed name of registered agen	and title if annivable (NOTE: I	Renistered Ane	nt signature	required when reinstating) DA	(TE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE	S AND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
Į	ROBERTS, BRIAN L	<u> </u>	1.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS	1500 MARKET ST.		i					
CITY-ST-ZIP	PHILADELPHIA PA 19102	X DELETE	1.4 CITY-S 2.1 TITLE	1-ZiP		Change	Addition	
TITLE	V	ALI DECETE	2.0 MILE 2.2 NAME				_	
NAME	BLOCK, ARTHUR R							
STREET ADDRESS	1500 MARKET ST.			TADORESS		,* -		
CITY-ST-ZIP	PHILADELPHIA PA 19102	□ DELETE	2. 4 CITY-	ST-ZIP	<u></u>	Change	Addition	
TITLE	SD	☐ DELETE	3.1 TITLE			Change		
NAME	WANG, STANLEY		3.2 NAME					
STREET ADDRESS	1500 MARKET ST.		3.3 STREE	TADDRESS	i			
CITY-ST-ZIP	PHILADELPHIA PA 19102		3,4. CITY-	ST-ZIP		[] (hanna	T Addison	
TITLE	VT	☐ DELETE	4.1 TITLE		1	☐ Change	☐ Addition	
NAME	ALCHIN, JOHN R		4. 2 NAME					
STREET ADDRESS	1500 MARKET ST.		4.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	PHILADELPHIA PA 19102		4.4 CITY-5	ST-ZIP				
TITLE	STDC	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	BRODSKY, JULIAN A		5.2 NAME					
STREET ADDRESS	1500 MARKET ST.		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19102		5.4 CITY-5	ST-ŻIP				
TITLE	V	☑ DELETE	6.1 TITLE		\ \	Change	Addition	
NAME	KEATING, ROGER		6.2 NAME		C. Stephen Backstrom 1500 Market Street			
STREET ADDRESS	1500 MARKET ST.		6.3 STREE	TADDRESS	1	_		
CITY-ST-7IP	PHILADELPHIA PA 19102		6.4 CITY-5	ST-ZIP	Philadelphia, PA 1910)2		

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I hereby certify that the information supplied with this filling 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, with all other like empowered.

GNATURE:

| Countries and Types of Heriter value of South Carter of Director of Director

215-981-7557