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04-09-1999 90012 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001234**

1. Corporation Name
COMCAST COMMERCIAL ONLINE COMMUNICATIONS, INC.



Principal Place of Business: C/O COMCAST CORP- 1500 MARKET ST.. 36TH FL PHILADELPHIA PA 19102
 Mailing Address: C/O COMCAST CORP- 1500 MARKET ST.. 36TH FL PHILADELPHIA PA 19102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1998

4. FEI Number: **23-2951871** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH J
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	STDC <input type="checkbox"/> DELETE
NAME	BRODSKY, JULIAN A
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, BRIAN L
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	VSD <input type="checkbox"/> DELETE
NAME	WANG, STANLEY
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	V <input type="checkbox"/> DELETE
NAME	BACKSTROM, C S
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	VST <input type="checkbox"/> DELETE
NAME	BLOCK, ARTHUR R
STREET ADDRESS	C/O COMCAST CORP- 1500 MARKET ST., 36TH FL
CITY-ST-ZIP	PHILADELPHIA PA 19102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *C. S. Backstrom* **Stephen Backstrom** 3-25-99 215-981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)