

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90054 027 ***150.00

DOCUMENT# F98000001234

1. Entity Name

COMCAST COMMERCIAL ONLINE COMMUNICATIONS, INC.

Principal Place of Business
 1500 MARKET STREET
 36TH FLOOR
 PHILADELPHIA PA 19102

Mailing Address
 1500 MARKET STREET
 36TH FLOOR
 PHILADELPHIA PA 19102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 23-2951871

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	ROBERTS, RALPH J	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	STDC	<input type="checkbox"/> Delete
NAME	BRODSKY, JULIAN A	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, BRIAN L	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACKSTROM, C S	
STREET ADDRESS	1500 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	VST	<input type="checkbox"/> Delete
NAME	BLOCK, ARTHUR R	
STREET ADDRESS	1500 MARKET STREET	
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
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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: *C. S. Backstrom* C. Stephen Backstrom 4-10-00 (215)981-7557
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)