


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90110 049 \*\*\*150.00

<b>DOCUMENT # F98000005739</b> 1. Entity Name <b>COMCAST OF ILLINOIS IV, INC.</b>					
Principal Place of Business <b>1500 MARKET ST STE PHILADELPHIA, PA 19102-2148</b>			Mailing Address <b>1500 MARKET ST STE PHILADELPHIA, PA 19102-2148</b>		
2. Principal Place of Business - No P.O. Box # <b>1701 JOHN F KENNEDY BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1701 JOHN F KENNEDY BLVD</b> Suite, Apt. #, etc.			
City & State <b>PHILADELPHIA PA</b>		City & State <b>PHILADELPHIA PA</b>		4. FEI Number <b>04-3270265</b>	
Zip <b>19103-2838</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BURKE, STEPHEN B</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BACKSTROM, STEPHEN</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BLOCK, ARTHUR R</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALCHIN, JOHN R</b> <b>1500 MARKET ST</b> <b>PHILADELPHIA, PA 191022148</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T</b> <b>KENNETH MIKALAUSKAS</b> <b>1701 JOHN F KENNEDY BLVD</b> <b>PHILADELPHIA PA 19103-2838</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>C. Stephen Backstrom</u> <b>C. STEPHEN BACKSTROM, VP</b> <u>4/21/08</u> <b>215-286-7557</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					