SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 JUN 29 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99061** **(4)**

1. Corporation Name

COMCAST CABLEVISION CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102	1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/11/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **23-2416326** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BAXTER, THOMAS G	12 NAME	
STREET ADDRESS	1500 MARKET ST	13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BACKSTROM, C. STEPHEN	22 NAME	800001530338
STREET ADDRESS	1500 MARKET ST	23 STREET ADDRESS	-07/05/95--01088--001
CITY-ST-ZIP	PHILADELPHIA PA	24 CITY-ST-ZIP	****4950.00 ****225.00
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, LAWRENCE S	32 NAME	
STREET ADDRESS	1500 MARKET ST	33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WANG, STANLEY	42 NAME	
STREET ADDRESS	1500 MARKET ST	43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	ALCHIN, JOHN	52 NAME	
STREET ADDRESS	1500 MARKET ST	53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, RALPH	62 NAME	
STREET ADDRESS	1500 MARKET ST	63 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	64 CITY-ST-ZIP	SCC 6-29-95

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: C. S. Backstrom C. STEPHEN BACKSTROM 6/27/95 (215) 665-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174894 FP