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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90011 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H99061

1. Corporation Name

COMCAST CABLEVISION CORPORATION OF FLORIDA

Principal Place of Business

1401 NORTHPOINT PARKWAY
2ND FLOOR
WEST PALM BEACH FL 33407

Mailing Address

1500 MARKET STREET
36TH FLOOR
PHILADELPHIA PA 19102-2148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAXTER, THOMAS G	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, LAWRENCE S	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALCHIN, JOHN	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH	
STREET ADDRESS	1500 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19102	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen B. Burke	
1.3 STREET ADDRESS	1500 Market Street	
1.4 CITY-ST-ZIP	Philadelphia, PA 19102	
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: *Stephen Backstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/99

215-665-1700

CR2E034 (11/98)