

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000499

1. Entity Name

AT&T BROADBAND PHONE OF FLORIDA, LLC

COMCAST PHONE OF FLORIDA, LLC



Principal Place of Business

Mailing Address

188 INVERNESS DR. WEST. STE. 600
ENGLEWOOD CO 80112

188 INVERNESS DR. WEST. STE. 600
ENGLEWOOD CO 80112

2. Principal Place of Business

1500 MARKET ST.

Suite, Apt. #, etc.

3. Mailing Address

1500 MARKET ST

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

PHILADELPHIA PA

Zip

19102-2148

Country

USA

City & State

PHILADELPHIA PA

Zip

19102-2148

Country

USA

4. FEI Number

84-1604822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BRADEN, GREGORY M 188 INVERNESS DR WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BAILEY, RICK D 188 INVERNESS DR WEST ENGLEWOOD CO.80112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DWYER, EDWARD M 295 N MAPLE AVE BASKING RIDGE NJ 07920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLASIO, ALFREDO D 188 INVERNESS DR WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLING, KAREN L 188 INVERNESS DR WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIJAR, GLENDA M 188 INVERNESS DR WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN B. BURKE 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN R. ALCHIN 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required STEPHEN BACKSTROM

4/16/03

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2083 (10/02)