

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90418 049 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002742

1. Entity Name

Comcast Cablevision of Celebration, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 Market Street

Suite, Apt. #, etc.

36th Floor

City & State

Philadelphia, PA

Zip

19102-2148

Country

3. Mailing Address

1500 Market Street

Suite, Apt. #, etc.

36th Floor

City & State

Philadelphia, PA

Zip

19102-2148

Country

4. FEI Number

23-3101224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CI Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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 fee if applicable.

DATE

FEE IS \$5.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
MGR	Comcast Cable Communications, Inc.	1500 Market St.	Philadelphia, PA 19102
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

C. Stephen Backstrom

Vice President of Managing Member
C. Stephen Backstrom

4/15/02

215-981-7557

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

Date

System Name