

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 031 ****50.00

DOCUMENT # M01000002742

1. Entity Name
COMCAST CABLEVISION OF CELEBRATION, LLC



Principal Place of Business
**1500 MARKET ST.
36TH FLOOR
PHILADELPHIA, PA 19102**

Mailing Address
**1500 MARKET ST.
36TH FLOOR
PHILADELPHIA, PA 19102**

2. Principal Place of Business

3. Mailing Address

1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX DEPARTMENT

City & State

City & State

PHILADELPHIA PA

Zip

Country

Zip

Country

19102



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

23-3101224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
COMCAST CABLE COMMUNICATIONS, INC.
1500 MARKET ST.
PHILADELPHIA, PA 19102**

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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. S. Backstrom*

C. STEPHEN BACKSTROM

4/14/03

215-981-7557

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

Date

Daytime Phone #

CR2E083 (10/02)