## 2007 LIMITED LIABILITY COMPANY

## **FILED** Apr 26, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St		
DOCUMENT # M0200000955  1. Entity Name COMCAST/TIME WARNER FT. MYERS-NAPLES CABLE ADVERTISING, LLC						·
Principal Place 1500 MARKE PHILADELPH		Mailing Address 1500 MARKET STREET TAX DEPARTMENT PHILADELPHIA, PA 19102		 	II ORIH ORIH DAN ORIH BESH	I MIER EFINE BROWL IN THE
D		E IN THIS SPA	CE	04112007 No Chg-LL  4. FEI Number 27-0092346  5. Certilicate of Status D	esired	33 (11/05)  Applied For Not Applicable  5.00 Additional pe Required
	6. Name and Address of Curre	nt Registered Agent			•	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					WRITE SPACE	
		for the purpose of changing its registe	red office or register	ed agent, or both, in the St	ate of Florida. I am fai	miliar with, and accept
the obligat	ions of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Régiste	red Agent signature required	I when reinstating)	DATE	
Fi Do	ling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEM	BERS/MANAGERS	1		· · · · · · · · · · · · · · · · · · ·	
IITLE  NAME  STREET ADDRESS  CITY-ST-ZP	MGR COMCAST OF THE SOUTH, II 1500 MARKET STR EET PHILADELPHIA, PA 19102	NC.				
TITLE MAME STREET ACCRESS CITY-ST-ZIP				·	05/10/07-8	35666 0043-007 50 00
NAME STREET ADDRESS CITY-ST-ZIP					r WRITE	
TITLE  MAME  STREET ADDRESS  CITY-S1-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			- <b>]</b> .			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED MAINE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE KAME SINEE! ADDRESS CITY-ST-ZIP

13u

C. Stephen Backstrom, VP

215-981-7557