

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90059 050 \*\*\*138.75

**DOCUMENT # M02000000955**

1. Entity Name  
**COMCAST/TIME WARNER FT. MYERS-NAPLES CABLE  
ADVERTISING, LLC**



Principal Place of Business  
**1500 MARKET STREET  
PHILADELPHIA, PA 19102**

Mailing Address  
**1500 MARKET STREET  
TAX DEPARTMENT  
PHILADELPHIA, PA 19102**

**60030851**



2. Principal Place of Business - No P.O. Box #  
**1701 JOHN F KENNEDY BLVD**

3. Mailing Address  
**1701 JOHN F KENNEDY BLVD**

Suite, Apt. #, etc.  
**TAX DEPT**

Suite, Apt. #, etc.  
**TAX DEPT**

04152008 Chg-LLC CR2E083 (12/06)

City & State  
**PHILADELPHIA PA**

City & State  
**PHILADELPHIA PA**

4. FEI Number  
**27-0092346**

Applied For  
Not Applicable

Zip Country  
**19103-2838 USA**

Zip Country  
**19103-2838 USA**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME COMCAST OF THE SOUTH, INC.  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1701 JOHN F KENNEDY BLVD  
CITY-ST-ZIP PHILADELPHIA PA 19103-2838

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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:**

*C. Stephen Backstrom*

**C. STEPHEN BACKSTROM, VP**

**215-286-7557**

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

Date

Daytime Phone #