2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 30, 2005 08:00 AM **Secretary of State**

DOCUMENT # M020000 1. Entity Name COMCAST PHONE, LLC		
Principel Place of Business 1500 MARKET STREET PHILADELPHIA, PA 19102	Mailing Address 1500 MARKET STREET PHILADELPHIA, PA 19102	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04192005No Chg-LLC CR2E083 (10/03)

Applied For 4. FEI Number 84-1604822 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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

DO NOT WRITE

PLANTATION, PC 30324		•	IN THIS SPACE	
			ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
	s named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	onice of registered agent, or both, in the state of Florida. Tanhamilial with, and accept	
SIGNATURE	Signature, typed of printed name of registered agent and title II applicable.	(NOTE, Registere	1 Agent signature required when reinstating) DATE	
	iling Fee is \$50.00 ue by May 1, 2005			
9,	MANAGING MEMBERS/MANAGERS	·	Company and the company of the compa	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMCAST CABLE COMMUNICATIONS HOLDING 1500 MARKET STREET PHILADELPHIA, PA 19102	ss, INC	JJ30000346574	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UDO000346574 04/30/05-80081-010 50.00	
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11. I hereby of indicated limited lia	certify that the information supplied with this filing does not q on this report is true and accurate and that my signature sh billity company or the receiver or trustee empowered to exec	ualify for the exer all have the same ute this report as	nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am a managing member or manager of the required by Chapter 608, Florida Statutes.	

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