

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90059 043 ***138.75

DOCUMENT # M05000005969	
1. Entity Name COMCAST OF FLORIDA/GEORGIA, LLC	

Principal Place of Business 1500 MARKET STREET PHILADELPHIA, PA 19102	Mailing Address 1500 MARKET STREET PHILADELPHIA, PA 19102
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60030858



2. Principal Place of Business - No P.O. Box # 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc. TAX DEPT City & State PHILADELPHIA PA Zip 19103-2838 Country USA	3. Mailing Address 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc. TAX DEPT City & State PHILADELPHIA PA Zip 19103-2838 Country USA
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04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2750751	Applied For Not Applicable
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
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMCAST OF FLORIDA/PENNSYLVANIA, L.P. 1500 MARKET STREET PHILADELPHIA, PA 19102 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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. S. Backstrom **C. STEPHEN BACKSTROM, VP** 4/21/08 **215-286-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #