


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90059 034 \*\*\*138.75

<b>DOCUMENT # M06000000506</b> 1. Entity Name <b>COMCAST BUSINESS COMMUNICATIONS, LLC</b>					
Principal Place of Business <b>1500 MARKET STREET PHILADELPHIA, PA 19102</b>			Mailing Address <b>1500 MARKET STREET PHILADELPHIA, PA 19102</b>		
2. Principal Place of Business - No P.O. Box # <b>1701 JOHN F KENNEDY BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>1701 JOHN F KENNEDY BLVD</b> Suite, Apt. #, etc.			
<b>TAX DEPT</b> City & State <b>PHILADELPHIA PA</b>		<b>TAX DEPT</b> City & State <b>PHILADELPHIA PA</b>			
Zip <b>19103-2838</b>	Country <b>USA</b>	Zip <b>19103-2838</b>	Country <b>USA</b>	4. FEI Number <b>23-2736203</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-issuing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COMCAST COMMERCIAL SERVICES GRP HLDNGS, LLC 1500 MARKET STREET PHILADELPHIA, PA 19102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>C. S. Backstrom</i>			<b>C. STEPHEN BACKSTROM, VP</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>4/21/08</i> Daytime Phone # <b>215-286-7557</b>		

**60030867**



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