

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90059 040 ***138.75

DOCUMENT # M06000000648

1. Entity Name
COMCAST IP PHONE, LLC



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

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

60030861



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
82-0552481

Applied For
☐ Not Applicable

Zip Country
19103-2838 USA

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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 resigning)

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COMCAST CABLE COMMUNICATIONS, LLC
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
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

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

C. STEPHEN BACKSTROM, VP

Date

215-286-7557

Daytime Phone #