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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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		7 5 7 7 7	448 <u>1</u>

To:

Division of Corporations

date of submission 7/28

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092 Fax Number

: (850)878~5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 'AUG 1 7 2011

Email Address:

EXAMINER

Foreign Limited Liability Company Comcast Shared Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05 6
Estimated Charge	\$125.00

7/28/2011

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

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TO:

Registration Section
Division of Corporations

SUBJECT: Comcast Shared Services, LLC			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	a," Certificate siness in Plot	e of rida	
Please return all correspondence concerning this matter to the following:			
GABRIELA KORNZWEIG			
Name of Person			
NBCUNIVERSAL			
Firm/Company	1		
100 UNIVERSAL CITY PLAZA			
Address .	,		
UNIVERSAL CITY, CA 91608			
City/State and Zip Code	,		
karen.sorensen@nbcuni.com E-mail address: (to be used for future annual report notification)	_		
· · · · · · · · · · · · · · · · · · ·			
For further information concerning this matter, please call:			
GABRIELA KORNZWEIG at / 818 , 777-9872	Ē		
Name of Person Area Code & Daytime Telephone Number	- <u>A</u> F		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SEE, FLOR	28 AH 8: 5:	Expenses of security of security of security of security
Enclosed is a check for the following amount: \$\int_{\text{S125,00}} \text{Filing Fee} \text{ \$\int_{\text{S130,00}} \text{Filing Fee & Certified Copy}} \tag{\$\int_{\text{S155.00}} \text{Filing Fee & Certified Copy}} \tag{\$\int_{\text{S160.00}} \text{Filing Fee, Certified Copy}} \tag{\$\int_{\text{S155.00}} \text{Filing Fee & Certified Copy}} \tag{\$\int_{\text{S160.00}} \text{Filing Fee, Certified Copy}} \tag{\$\int_{\text{S160.00}} \text{Filing Fee} \tag{\int_{\text{S160.00}} \text{Filing Fee, Certified Copy}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \tag{\int_{\text{S160.00}} \		C	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Comcast Shared Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	64 Y (C H)
(Name of Foreign Elimited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Fforida and attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	ch a copy of the written "Limited Liability
2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 23-3098999 (FEI number, if applicable)	
4. 11/8/2001 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability comparexist or "perpetual")	y will cease to
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)	
7. One Comcast Center, 1701 John F. Kennedy Boulevard	
Philadelphia, PA 19103	70 -
(Street Address of Principal Office)	-E
8. If limited liability company is a manager-managed company, check here	JUL 2
9. The name and usual business addresses of the managing members or managers are as fo	llows:
NBCUniversal Media, LLC	
30 Rockefeller Plaza	0.00 m
New York, NY 10112	>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a forestranslation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Entertainme	ent
Caroller	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3) F.S., the execution of this document constitutes an affirmation upenalties of perjury that the facts stated berein are true. I am aware that any false information subm	inder the nitted in a
document to the Department of State constitutes a third degree felony as provided for in s.81	7.155, F.S.)

GABRIELA KORNZWEIG, Authorized Representative
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the L	imited Liability Compa	any is:		
Comcast Shar	ed Services, LL	<u>C</u>	····	ngalang dipinggapang dan dinananan
If unavailable, the alu	ernate to be used in the	state of Florida is:		
2. The name and the	Florida street address o	of the registered agent and	d office are:	11 JUL 28
СТ	Corporation System			
<u> </u>		(Name)	······································	Fred Control
1200	South Pine Islan	d Road		
3	Florida Street Addr	ess (P.O. Box NOT ACCEPTA	ABLE)	S: 50
Pla	ntation	FL 33324		>
		City/State/Zip	- 	
liability company at the agent and agree to acc relating to the proper	e place designated in th t in this capacity. I furth and complete performat	o accept service of processis certificate, I hereby accider agree to comply with the action of my duties, and I am as provided for in Chapte	cept the appointmen he provisions of all : familiar with and a	t as registered statutes accept the ues. IVON
	\$ 100.00	Filing Fee for Applicat	tion	
	\$ 25.00	Designation of Registe	red Agent	
	\$ 30.00	Certified Copy (option		
	\$ 5.00	Certificate of Status (o	buorsi)	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMCAST SHARED SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JULY, A.D. 2011.

AND I DO RERBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

DATE: 07-27-11