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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90012 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04467

1. Corporation Name
COMCAST CABLEVISION OF THE SOUTH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1500 MARKET STREET
 36TH FLOOR
 PHILADELPHIA PA 19102
 US**

Mailing Address
**1500 MARKET STREET
 36TH FLOOR
 PHILADELPHIA PA 19102-2148
 US**

3. Date Incorporated or Qualified
12/26/1984

4. FEI Number
31-1063218

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BAXTER, THOMAS G
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	V <input type="checkbox"/> DELETE
NAME	BACKSTROM, STEPHEN C
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	V <input type="checkbox"/> DELETE
NAME	SMITH, LAWRENCE S
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	S <input type="checkbox"/> DELETE
NAME	WANG, STANLEY S
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	T <input type="checkbox"/> DELETE
NAME	ALCHIN, JOHN
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA 19102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen B. Burke
1.3 STREET ADDRESS	1500 Market Street
1.4 CITY-ST-ZIP	Philadelphia, PA 19102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Backstrom **3-25-99** 215-981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)