

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04467

1. Entity Name

COMCAST CABLEVISION OF THE SOUTH, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1063218

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: No signature required when re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BURKE, STEPHEN B**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

TITLE **V** ☐ Delete
NAME **RACKSTROM, STEPHEN C**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

TITLE **DV** ☐ Delete
NAME **SMITH, LAWRENCE S**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

TITLE **VDS** ☐ Delete
NAME **WANG, STANLEY S**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

TITLE **VT** ☐ Delete
NAME **ALCHIN, JOHN**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

TITLE **DC** ☐ Delete
NAME **ROBERTS, RALPH**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **C ROBERTS, RALPH**
STREET ADDRESS **1500 MARKET STREET**
CITY-STATE-ZIP **PHILADELPHIA PA 19102**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom

Date

215 981-7557

Daytime Phone #

CR2E034 (9/01)