2004 FOR PROFIT CORPORATION ANNUAL REPORT

1.5.13.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2004 8:00 am Secretary of State DOCUMENT # P04467-05-04-2004 90200 028 ***150 00 COMCAST OF THE SOUTH, INC. Principal Place of Business Mailing Address 1500 MARKET STREET 1500 MARKET STREET 36TH FLOOR 36TH FLOOR PHILADEPHIA, PA 19102 PHILADEPHIA, PA 19102-2148 US 2. Principal Place of Business 3. Mailing Address 1500 MARKET STREET <u>1500 MARKET STREET</u> Suite, Apt. #, etc. 04212004 Chg-P CB2E034 (10/03) 11TH FLOOR 11TH FLOOR Applied For City & State City & State 4. FEI Number PHILADELPHIA, PA PHILADELPHIA, PA 31-1063218 Not Applicable 7in Country \$8.75 Additional 5. Certificate of Status Desired 19102 19102 Fee Required US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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 algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ___ Addition TITLE Delete TITLE TT Channe **BURKE, STEPHEN B** NAME NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-7IP PHILADEPHIA, PA 19102 CITY-ST-712 ☐ Change TITLE ■ Addition ☐ Delete TITLE NAME BACKSTROM, STEPHEN C NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-719 PHILADEPHIA, PA 19102 CITY-ST-7IP DV TITLE TITLE ☐ Change ☐ Addition X Dalate NAME SMITH, LAWRENCE S NAME 1500 MARKET STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADEPHIA, PA 19102 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLOCK, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADEPHIA, PA 19102 CITY-ST-ZIP TITLE Vľ Delete TITLE ☐ Channe Addition ALCHIN, JOHN NAME NAME STREET ADDRESS 1500 MARKET STREET ' STREET ADDRESS CITY-ST-ZIP PHILADEPHIA, PA 19102 CITY-ST-7IP ☐ Change ☐ Addition TITLE VD Ta Delete TITLE NAME COHEN, DAVID L NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-7IP PHILADEPHIA, PA 19102 CITY-ST-Z 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like-empowered.

FILED

215-981-7557