


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04467**  
 1. Entity Name  
**COMCAST OF THE SOUTH, INC.**



Principal Place of Business <b>1500 MARKET STREET          11TH FLOOR          PHILADELPHIA, PA 19102 US</b>	Mailing Address <b>1500 MARKET STREET          11TH FLOOR          PHILADELPHIA, PA 19102 US</b>
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1063218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BURKE, STEPHEN B 1500 MARKET STREET PHILADELPHIA, PA 19102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BACKSTROM, STEPHEN C 1500 MARKET STREET PHILADELPHIA, PA 19102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BLOCK, ARTHUR 1500 MARKET STREET PHILADELPHIA, PA 19102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT ALCHIN, JOHN 1500 MARKET STREET PHILADELPHIA, PA 19102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/09/07-80050-017 150.00

12. 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 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.

**SIGNATURE:** C. Stephen Backstrom **C. Stephen Backstrom, VP** 4/24/07 **215-981-7557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #