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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90011 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09443

1. Corporation Name

COMCAST CABLEVISION OF TALLAHASSEE, INC.

Principal Place of Business  
1401 NORTHPOINT PARKWAY  
2ND FLOOR  
WEST PALM BEACH FL 33407

Mailing Address  
1500 MARKET ST.  
36TH FLOOR  
PHILADELPHIA PA 19102-2148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1986	
21		26		4. FEI Number 13-3327354	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, THOMAS G	1.2 NAME	Stephen B. Burke
STREET ADDRESS	1500 MARKET STREET	1.3 STREET ADDRESS	1500 Market Street
CITY-ST-ZIP	PHILADELPHIA PA 19102	1.4 CITY-ST-ZIP	Philadelphia, PA 19102
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN	2.2 NAME	
STREET ADDRESS	1500 MARKET STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S	3.2 NAME	
STREET ADDRESS	1500 MARKET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	4.2 NAME	
STREET ADDRESS	1500 MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN	5.2 NAME	
STREET ADDRESS	1500 MARKET STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH	6.2 NAME	
STREET ADDRESS	1500 MARKET STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	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* REQUESTED 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)