

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90150 048 \*\*\*150.00

**DOCUMENT # P09443**

1. Entity Name  
COMCAST OF TALLAHASSEE, INC.



Principal Place of Business  
1500 MARKET STREET  
PHILADELPHIA, PA 19102

Mailing Address  
1500 MARKET ST.  
TAX DEPARTMENT  
PHILADELPHIA, PA 19102-2148

40077327



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3327354

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06 215-981-7557