

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90280 018 \*\*\*150.00

**DOCUMENT # P09443**

1. Entity Name  
**COMCAST CABLEVISION OF TALLAHASSEE, INC.**



Principal Place of Business  
1500 MARKET STREET  
PHILADELPHIA, PA 19102

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

11014033



2. Principal Place of Business

3. Mailing Address

1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX DEPARTMENT

City & State

City & State

PHILADELPHIA PA

4. FEI Number

13-3327354

Applied For

Not Applicable

Zip

Country

Zip

Country

19102

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE V ☐ Delete  
NAME BACKSTROM, C. STEPHEN  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

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

TITLE VD ☐ Delete  
NAME SMITH, LAWRENCE S  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

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

TITLE VDS ☒ Delete  
NAME WANG, STANLEY  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE VD ☐ Change ☒ Addition  
NAME BLOCK, ARTHUR  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

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

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

TITLE C ☒ Delete  
NAME ROBERTS, RALPH  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE VD ☐ Change ☒ Addition  
NAME COHEN, DAVID L.  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

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.

SIGNATURE: *C. Stephen Backstrom*

C. STEPHEN BACKSTROM

4/14/03

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)