


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90011 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09445
 1. Corporation Name
COMCAST CABLEVISION OF WEST PALM BEACH, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 03/18/1986	Applied For Not Applicable
4. FEI Number 13-3327369	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BAXTER, THOMAS G
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	V <input type="checkbox"/> DELETE
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	V <input type="checkbox"/> DELETE
NAME	SMITH, LAWRENCE S
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	S <input type="checkbox"/> DELETE
NAME	WANG, STANLEY
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	T <input type="checkbox"/> DELETE
NAME	ALCHIN, JOHN
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA PA 19102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen B. Burke
1.3 STREET ADDRESS	1500 Market Street
1.4 CITY-ST-ZIP	Philadelphia, PA 19102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 **REQUIRED** 3-25-99 **215-981-7557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)