

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90247 019 \*\*\*150.00

**DOCUMENT # P09448**

1. Entity Name

**COMCAST CABLEVISION OF PERRY, INC.**

Principal Place of Business

Mailing Address

**1401 NORTHPOINT PARKWAY  
 2ND FLOOR  
 WEST PALM BEACH FL 33407**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3327437**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**PLEASE NOTE!!! FEE IS \$150.00  
 After May 1, 2001 Fee will be \$450.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BURKE, STEPHEN B</b>      |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>BACKSTROM, C. STEPHEN</b> |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>SMITH, LAWRENCE S</b>     |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WANG, STANLEY</b>         |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |
| TITLE          | <b>T</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>ALCHIN, JOHN</b>          |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>ROBERTS, RALPH</b>        |                                 |
| STREET ADDRESS | <b>1500 MARKET ST</b>        |                                 |
| CITY-ST-ZIP    | <b>PHILADELPHIA PA 19102</b> |                                 |

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          | <b>V/D</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Smith, Lawrence S.</b>          |  |
| STREET ADDRESS | <b>1500 Market St.</b>             |  |
| CITY-ST-ZIP    | <b>Philadelphia, Pa 19102-2148</b> |  |
| TITLE          | <b>V/D/S</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Wang, Stanley</b>               |  |
| STREET ADDRESS | <b>1500 Market St.</b>             |  |
| CITY-ST-ZIP    | <b>Philadelphia, Pa 19102-2148</b> |  |
| TITLE          | <b>V/T</b>                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Alchin, John</b>                |  |
| STREET ADDRESS | <b>1500 Market St.</b>             |  |
| CITY-ST-ZIP    | <b>Philadelphia, Pa 19102-2148</b> |  |
| TITLE          | <b>C</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Roberts, Ralph</b>              |  |
| STREET ADDRESS | <b>1500 Market St.</b>             |  |
| CITY-ST-ZIP    | <b>Philadelphia, Pa 19102-2148</b> |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*C. Stephen Backstrom*

C. Stephen Backstrom

4/20/01

215 981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)