

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1995 JUN 29 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P09450 (8)**

1. Corporation Name

**COMCAST CABLEVISION OF PANAMA CITY, INC.**

Principal Place of Business

**1500 MARKET STREET  
35TH FLOOR  
PHILADELPHIA PA 19102**

Mailing Address

**1500 MARKET STREET  
35TH FLOOR  
PHILADELPHIA PA 19102**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/18/1986**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**13-3327434**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
BAXTER, THOMAS G  
1500 MARKET ST  
PHILADELPHIA PA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
BACKSTROM, C. STEPHEN  
1500 MARKET ST  
PHILADELPHIA PA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
SMITH, LAWRENCE S  
1500 MARKET ST  
PHILADELPHIA PA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
WANG, STANLEY  
1500 MARKET ST  
PHILADELPHIA PA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
ALCHIN, JOHN  
1500 MARKET ST  
PHILADELPHIA PA**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
ROBERTS, RALPH  
1500 MARKET ST  
PHILADELPHIA PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

**300001530323  
-07/05/95--01088--001  
\*\*\*\*4950.00 \*\*\*\*225.00**

**SCC 6-29-95**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 resolver 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.

SIGNATURE:

**C. S. B. BACKSTROM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/27/95**

**(215) 665-1700**

Date

Telephone Number