

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90247 020 \*\*\*150.00

**DOCUMENT # P09450**

1. Entity Name

**COMCAST CABLEVISION OF PANAMA CITY, 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**

**C0067631**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3327434**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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 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.

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) ☐

**FILE NOW!! FEE IS \$150.00  
 JANUARY 1, 2001 Fee will be \$550.00  
 Name Change Petition 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 **P** ☐ Delete  
 NAME **BURKE, STEPHEN B**  
 STREET ADDRESS **1500 MARKET ST**  
 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 ST**  
 CITY-ST-ZIP **PHILADELPHIA PA 19102**

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

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

TITLE ☒ Change ☐ Addition  
 NAME **V/D Smith, Lawrence S.**  
 STREET ADDRESS **1500 Market St.**  
 CITY-ST-ZIP **Philadelphia, Pa 19102**

TITLE **S** ☐ Delete  
 NAME **WANG, STANLEY**  
 STREET ADDRESS **1500 MARKET ST**  
 CITY-ST-ZIP **PHILADELPHIA PA 19102**

TITLE ☒ Change ☐ Addition  
 NAME **V/D/S Wang, Stanley**  
 STREET ADDRESS **1500 Market St.**  
 CITY-ST-ZIP **Philadelphia, Pa 19102**

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

TITLE ☒ Change ☐ Addition  
 NAME **V/T Alchin, John**  
 STREET ADDRESS **1500 Market St.**  
 CITY-ST-ZIP **Philadelphia, Pa 19102**

TITLE **D** ☐ Delete  
 NAME **ROBERTS, RALPH**  
 STREET ADDRESS **1500 MARKET ST**  
 CITY-ST-ZIP **PHILADELPHIA PA 19102**

TITLE ☒ Change ☐ Addition  
 NAME **C Roberts, Ralph**  
 STREET ADDRESS **1500 Market St.**  
 CITY-ST-ZIP **Philadelphia, Pa 19102**

13. 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 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)