## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2004 8:00 am Secretary of State DOCUMENT # P09450. 05-04-2004 90200 021 \*\*\*150.00 1. Entity Name COMCAST OF PANAMA CITY, INC. Principal Place of Business Mailing Address 1500 MARKET STREET 1500 MARKET STREET PHILADELPHIA, PA 19102 US TAX DEPARTMENT 24068530 PHILADELPHIA, PA 19102 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04202004 Chg-P City & State City & State 4. FEI Number Applied For 13-3327434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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 typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rehistating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Addition Delete Change **BURKE, STEPHEN B** NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-7IP PHILADELPHIA, PA 19102 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition BACKSTROM, C. STEPHEN NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ■ Addition NAME SMITH, LAWRENCE S NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME BLCOK, ARTHUR NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP ☐ Delote TITLE ☐ Addition ALCHIN, JOHN NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP XI Delete ☐ Change ☐ Addition COHEN, DAVID L NAME NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-71P PHILADELPHIA, PA 19102 CITY - ST - 712

**FILED** 

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 turther 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 ship-owered. 4/27/04 215-981-7557 4.5. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR