

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 009 ***150.00

DOCUMENT # P09450

1. Entity Name
COMCAST OF PANAMA CITY, INC.



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102 US

Mailing Address
1500 MARKET STREET
TAX DEPARTMENT
PHILADELPHIA, PA 19102 US

40077310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-P CR2E034 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BURKE, STEPHEN B
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE V ☐ Delete
NAME BACKSTROM, C. STEPHEN
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

TITLE VD ☐ Delete
NAME BLOCK, ARTHUR R
STREET ADDRESS 1500 MARKET ST
CITY - ST - ZIP PHILADELPHIA, PA 19102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. Stephen Backstrom

C. STEPHEN BACKSTROM

4/26/06

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #