SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
1995 JUN 29 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # [redacted] #P09451 (2)

1. Corporation Name
COMCAST CABLEVISION OF MARIANNA, INC.

Principal Place of Business	Mailing Address
1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102 US	1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/85
1a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-3327411 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 (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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	BAXTER, THOMAS G	12 NAME
STREET ADDRESS	1500 MARKET STREET	13 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	BACKSTROM, C. STEPHEN	22 NAME
STREET ADDRESS	1500 MARKET STREET	23 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	24 CITY-ST-ZIP
TITLE	V	31 TITLE ☐ Change ☐ Addition
NAME	SMITH, LAWRENCE S	32 NAME
STREET ADDRESS	1500 MARKET STREET	33 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	34 CITY-ST-ZIP
TITLE	S	41 TITLE ☐ Change ☐ Addition
NAME	WANG, STANLEY	42 NAME
STREET ADDRESS	1500 MARKET STREET	43 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	44 CITY-ST-ZIP
TITLE	T	51 TITLE ☐ Change ☐ Addition
NAME	ALCHIN, JOHN	52 NAME
STREET ADDRESS	1500 MARKET STREET	53 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	54 CITY-ST-ZIP
TITLE	D	61 TITLE ☐ Change ☐ Addition
NAME	ROBERTS, RALPH	62 NAME
STREET ADDRESS	1500 MARKET STREET	63 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	64 CITY-ST-ZIP SCC 6-29-95

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****4950.00 ****225.00

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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. Backstrom C. STEPHEN BACKSTROM 6/27/95 (215) 665-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)