

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P09451 (6)

1. Corporation Name
COMCAST CABLEVISION OF MARIANNA, INC.

Principal Place of Business
1401 NORTHPOINT PARKWAY
2ND FLOOR
WEST PALM BEACH FL 33407

Mailing Address
1500 MARKET ST.
36TH FLOOR
PHILADELPHIA PA 19102-2148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/18/1986	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	13-3327411	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, THOMAS G	1.2 NAME	
STREET ADDRESS	1500 MARKET STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN	2.2 NAME	
STREET ADDRESS	1500 MARKET STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S	3.2 NAME	
STREET ADDRESS	1500 MARKET STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	4.2 NAME	
STREET ADDRESS	1500 MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, STANLEY	5.2 NAME	
STREET ADDRESS	1500 MARKET STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH	6.2 NAME	
STREET ADDRESS	1500 MARKET STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	6.4 CITY-ST-ZIP	

14. 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 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. Stephen Backstrom* C. Stephen Backstrom, Vice President 215-981-7557

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