

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09451

1. Entity Name

COMCAST CABLEVISION OF MARIANNA, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90048 014 ***150.00

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

Mailing Address
1500 MARKET ST.
36TH FLOOR
PHILADELPHIA PA 19102-2100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3327411

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
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BURKE, STEPHEN B	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
V	BACKSTROM, C. STEPHEN	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
V	SMITH, LAWRENCE S	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
S	WANG, STANLEY	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
T	ALCHIN, STANLEY	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
D	ROBERTS, RALPH	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	ALCHIN, JOHN R.	1500 MARKET ST	PHILADELPHIA PA 19102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4-10-00

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)