

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90247 021 ***150.00

DOCUMENT # P09451

1. Entity Name

COMCAST CABLEVISION OF MARIANNA, INC.

Principal Place of Business

Mailing Address

**1401 NORTHPOINT PARKWAY
 2ND FLOOR
 WEST PALM BEACH FL 33407**

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

60067630

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 re-stating)

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
 PREPARED BY 2001 Fee will be \$150.00
 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	P	<input type="checkbox"/> Delete
NAME	BURKE, STEPHEN B	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, LAWRENCE S	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	S	<input type="checkbox"/> Delete
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALCHIN, JOHN R	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, RALPH	
STREET ADDRESS	1500 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Lawrence S.	
STREET ADDRESS	1500 Market St.	
CITY - ST - ZIP	Philadelphia, Pa 19102-2148	
TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wang, Stanley	
STREET ADDRESS	1500 Market St.	
CITY - ST - ZIP	Philadelphia, Pa 19102-2148	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alchin, John	
STREET ADDRESS	1500 Market St.	
CITY - ST - ZIP	Philadelphia, Pa 19102-2148	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Ralph	
STREET ADDRESS	1500 Market St.	
CITY - ST - ZIP	Philadelphia, Pa 19102-2148	

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. S. Backstrom*

C. Stephen Backstrom

Date

215 981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)