

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09451

1. Entity 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

2. Principal Place of Business

1500 Market Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Philadelphia, PA

City & State

4. FEI Number

13-3327411

Applied For

Not Applicable

Zip

19102

Country

US

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> 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"/>
VD	SMITH, LAWRENCE S	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
VDS	WANG, STANLEY	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
VT	ALCHIN, JOHN R	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>
DC	ROBERTS, RALPH	1500 MARKET STREET	PHILADELPHIA PA 19102	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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"/>
C	ROBERTS, RALPH	1500 MARKET STREET	PHILADELPHIA PA 19102	<input checked="" 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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Stephen Backstrom

Date

215 981-7557

Daytime Phone #

CR2E034 (9/01)