

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 012 ***150.00

DOCUMENT # P09451

1. Entity Name
COMCAST OF MARIANNA, INC.



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102

Mailing Address
1500 MARKET STREET
TAX DEPARTMENT
PHILADELPHIA, PA 19102

40071020



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3327411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, STEPHEN B.
STREET ADDRESS	1500 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19102
TITLE	V
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19102
TITLE	VD
NAME	BLOCK, ARTHUR
STREET ADDRESS	1500 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19102
TITLE	VT
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET STREET
CITY - ST - ZIP	PHILADELPHIA, PA 19102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

Daytime Phone #

215-981-7557