

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.**  
**AMOUNT DUE ON OR BEFORE 6/1/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

1995 JUN 29 PM 3:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P09770 (9)**

1. Corporation Name  
**COMCAST CABLEVISION OF WEST FLORIDA, INC.**

Principal Place of Business <b>1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102 US</b>	Mailing Address <b>1500 MARKET STREET 35TH FLOOR PHILADELPHIA PA 19102 US</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/15/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
21		26		4. FEI Number <b>59-2636533</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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 \_\_\_\_\_ (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	<b>BAXTER, THOMAS G</b>	1.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	1.4 CITY - ST - ZIP			
TITLE	V	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BACKSTROM, C. STEPHEN</b>	2.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	2.4 CITY - ST - ZIP			
TITLE	V	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, LAWRENCE S</b>	3.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	3.4 CITY - ST - ZIP			
TITLE	S	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WANG, STANLEY</b>	4.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	4.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	4.4 CITY - ST - ZIP			
TITLE	T	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALCHIN, JOHN</b>	5.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	5.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	5.4 CITY - ST - ZIP			
TITLE	D	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROBERTS, RALPH</b>	6.2 NAME			
STREET ADDRESS	<b>1500 MARKET ST</b>	6.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	6.4 CITY - ST - ZIP			

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SCC 6-29-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 G. STEPHEN BACKSTROM 6/27/95 (215) 665-1700

CR2E034 (3/95)