

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

05-16-2001 90247 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09770

1. Entity Name
COMCAST CABLEVISION OF WEST FLORIDA, INC.

Principal Place of Business Mailing Address
1401 NORTHPOINT PARKWAY **1500 MARKET ST.**
2ND FLOOR **36TH FLOOR**
WEST PALM BEACH FL 33407 **PHILADELPHIA PA 19102-2148**
US

C0067628



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2636533		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After May 1, 2001, Fee will be \$500.00 Make Change Payment to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, STEPHEN B		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, C. STEPHEN		NAME		
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S		NAME	Smith, Lawrence S.	
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY		NAME	Wang, Stanley	
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	T	<input type="checkbox"/> Delete	TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN		NAME	Alchin, John	
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP	Philadelphia, Pa 19102-2148	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RALPH		NAME	Roberts, Ralph	
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 Market St.	
CITY-ST-ZIP	PHILADELPHIA PA 19102		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)(j), 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 Date: 4/20/01 Daytime Phone #: 215 981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)