

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P09770
 1. Entity Name
 COMCAST OF WEST FLORIDA, INC.



Principal Place of Business
 1500 MARKET STREET
 PHILADELPHIA, PA 19102 US

Mailing Address
 1500 MARKET ST.
 TAX DEPARTMENT
 PHILADELPHIA, PA 19102-2148

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2636533

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 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 ST
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	V
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VD
NAME	BLOCK, ARTHUR
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VT
NAME	ALCHIN, JOHN
STREET ADDRESS	1500 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/29/05-80094-008 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C S Backstrom **C. STEPHEN BACKSTROM, VP** 4/27/05 215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #