

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90151 021 ***150.00

DOCUMENT # P09773

1. Entity Name
COMCAST OF SOUTH FLORIDA II, INC.



Principal Place of Business
1500 MARKET ST.
PHILADELPHIA, PA 19102-2148 US

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

20054680



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2636535

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	☐ Delete
NAME	BURKE, STEPHEN B	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	
TITLE	V	☐ Delete
NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	
TITLE	S	☐ Delete
NAME	BLOCK, ARTHUR R	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	
TITLE	T	☐ Delete
NAME	ALCHIN, JOHN R	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	
TITLE	D	☐ Delete
NAME	BLOCK, ARTHUR R	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	
TITLE	D	☒ Delete
NAME	SMITH, LAWRENCE	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 191022148	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM, VP

Date

Daytime Phone #

215-981-7557