


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P09773**  
 1. Entity Name  
 COMCAST OF SOUTH FLORIDA II, INC.



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

**DO NOT WRITE IN THIS SPACE**



04112007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2636535</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, STEPHEN B 1500 MARKET ST. PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET ST. PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCK, ARTHUR R 1500 MARKET ST. PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALCHIN, JOHN R 1500 MARKET ST. PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, ARTHUR R 1500 MARKET ST. PHILADELPHIA, PA 191022148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000732552  
 05/09/07-80050-014 150.00

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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:** C. S. Backstrom      C. Stephen Backstrom, VP      4/24/07      215-981-7557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #