

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90131 019 ***150.00

DOCUMENT # P09777

1. Entity Name
TCI TKR OF HOLLYWOOD, INC.

COMCAST OF FLORIDA II, INC.



Principal Place of Business
**188 INVERNESS DR. W.
ENGLEWOOD CO 80112
US**

Mailing Address
**P.O. BOX 5630
TAX DEPT.
DENVER CO 80217
US**

2. Principal Place of Business
1500 MARKET ST.
Suite, Apt. #, etc.

3. Mailing Address
1500 MARKET ST.
Suite, Apt. #, etc.

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

Zip Country
19102-2148 USA

Zip Country
19102-2148 USA

4. FEI Number **59-2636541**

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 _____ 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME COOPER, RON	
STREET ADDRESS 188 INVERNESS DR. W.	
CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME BAILEY, RICK D	
STREET ADDRESS 188 INVERNESS DR. W.	
CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME DWYER, EDWARD M	
STREET ADDRESS 188 INVERNESS DR. W	
CITY-ST-ZIP ENGLEWOOD CO 80-112.	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SCHLEYER, WILLIAM T	
STREET ADDRESS 188 INVERNESS DR. W.	
CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HUSEBY, MICHAEL P	
STREET ADDRESS 188 INVERNESS DR. W.	
CITY-ST-ZIP ENGLEWOOD CO 80112	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME SHANK, JOHN L	
STREET ADDRESS 188 INVERNESS DR.W.	
CITY-ST-ZIP ENGLEWOOD CO 80112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEPHEN B. BURKE	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	
TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME C. STEPHEN BACKSTROM	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARTHUR R. BLOCK	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	
TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHN R. ALCHIN	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARTHUR R. BLOCK	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAWRENCE S. SMITH	
STREET ADDRESS 1500 MARKET ST.	
CITY-ST-ZIP PHILADELPHIA PA 19102-2148	

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 REQUIRED~~ **STEPHEN BACKSTROM** 4/14/03 215-981-7557

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

60022632



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)