2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20851 1. Entity Name

COMCAST SCH HOLDINGS, INC.

Principal Place of Business 1500 MARKET STREET 36TH FLOOR PHILADEPHIA PA 19102-2148 US		Mailing Address				
		1500 MARKET STREET 36TH FLOOR PHILADEPHIA PA 19102-2100 US				
2. Principal Place o	f Business	3. Mailing Address				
Suite, Apt. #, etc		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

FILED Apr 23, 2000 8:00 am Secretary of State

				{	04-23-2000	90048 001	***15	0.00	
Principal Plac	ce of Business	Mailing Address							
1500 MARKET STREET 36TH FLOOR PHILADEPHIA PA 19102-2148 US		1500 MARKET STREET 36TH FLOOR PHILADEPHIA PA 19102-2100 US		VASAMA TAN TAN TAN TAN TAN TAN TAN TAN TAN TA					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	CE		
City & State		City & State		4. f	4. FEI Number 31-1036008			oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7. 1	lame and Address of New Reg				
			Name					· · · · · · · · · · · · · · · · · · ·	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
PLAI	NTATION FL 33324		City			FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	eaistered aa	ent, or both, in the State of Floric				
0. 1110 dabove	, names office, see that the see that the	and harbare at a ranging to		-g					
SIGNATURE					•				
SIGNATORIE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature	required when re	einstating)	DATE			
Tax filing requirement and elects to do so After MAY 1,		!!! FEE IS \$150.00 000 Fee will be \$55 ble to Department	0.00	10. Election Campaign Finar Trust Fund Contribution.	neing		0 May Be to Fees		
11.	OFFICERS AND D		12.		L DITIONS/CHANGES TO OFFIC	ERS AND DIF	FCTORS	S IN 11	
TITLE	P	Delete	TITLE				Change	Addition	
NAME	BURKE, STEPHEN B	n pelere	NAME				g-		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS						
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP						
TITLE	٧	☐ Delete	TITLE		<u> </u>		Change	Addition	
NAME	BACKSTROM, STEPHEN C		NAME						
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS						
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE				Change	Addition	
NAME	SMITH, LAWRENCES S		NAME						
STREET ADDRESS CITY-ST-ZIP	1500 MARKET STREET		STREET ADDRESS CITY-ST-ZIP						
	PHILADELPHIA PA 19102						Change	Addition	
TITLE	S WAND CTANIEV	☐ Delete	TITLE NAME				Change	Accition	
NAME STREET ADDRESS	WANG, STANLEY 1500 MARKET STREET		STREET ADDRESS						
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP						
TITLE	T T	□ Delete	TITLE		-		Change	Addition	
NAME	ALCHIN, JOHN	- Ociere	NAME				··		
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS						
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP						
TITLE	D	Delete	TITLE				Change	Addition	
NAME	ROBERTS, RALPH		NAME						
STREET ADDRESS	1500 MARKET STREET		STREET ADDRESS						
CITY-ST-ZIP	PHILADELPHIA PA 19102		CITY-ST-ZIP						

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Backstrom

4-10-00

215-981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #