2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

May 04, 2004 8:00 am Secretary of State DOCUMENT # P25949 05-04-2004 90200 025 ***150.00 COMCAST REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 1500 MARKET STREET 1500 MARKET ST. PHILADELPHIA, PA 19102 TAX DEPARTMENT PHILADELPHIA, PA 19102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0287074 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Delete TITLE ■ Addition NAME ROBERTS, BRIAN NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY- ST- 712 ☐ Defete TITLE ■ Change TITLE Addition BACKSTROM, STEPHEN C. NAME NAME BACKSTROM, C. STEPHEN STREET ADDRESS 1500 MARKET STREET STREET ADDRESS 1500 MARKET ST CITY-ST-7IP PHILADELPHIA, PA 19102 CITY-ST-ZIP PHILADELPHIA, PA 19102 TIFLE TITLE Delete ☐ Change ☐ Addition SMITH, LAWRENCE S. NAME NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP TIT! F VDS ☐ Delete TITLE ☐ Change ☐ Addition NAME BLOCK, ARTHUR NAME STREET ADDRESS 1500 MARKET STREET STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP VT TITLE TITLE Delete ☐ Change Addition NAME ALCHIN, JOHN NAME 1500 MARKET STREET STREET ADDRESS STREET ADDRESS PHILADELPHIA, PA 19102 CITY-SI-7IP CITY-ST-769 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 path; 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.

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