

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27470** (4)
1. Corporation Name
COMCAST CABLEVISION OF BROWARD COUNTY, INC.



Principal Place of Business
**1401 NORTHPOINT PARKWAY
2ND FLOOR
WEST PALM BEACH FL 33407**

Mailing Address
**1500 MARKET ST.
36TH FLOOR
PHILADELPHIA FL 19102-4736**

3. Date Incorporated or Qualified
12/28/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
98-0075978

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAXTER, THOMAS G.		1.2 NAME		
STREET ADDRESS	1500 MARKET ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACKSTROM, STEPHEN C.		2.2 NAME		
STREET ADDRESS	1500 MARKET ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S.		3.2 NAME		
STREET ADDRESS	1500 MARKET ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WANG, STANLEY		4.2 NAME		
STREET ADDRESS	1500 MARKET ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALCHIN, JOHN		5.2 NAME		
STREET ADDRESS	1500 MARKET ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, RALPH		6.2 NAME		
STREET ADDRESS	1500 MARKET ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148		6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. S. Backstrom **C. STEPHEN BACKSTROM** 1/20/97 (215) 981-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007768

CR2E034 (9/96)