

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19102-2148**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1989	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 98-0075978		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAXTER, THOMAS G.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BACKSTROM, STEPHEN C.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, LAWRENCE S.	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WANG, STANLEY	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALCHIN, JOHN	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, RALPH	
STREET ADDRESS	1500 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19102-2148	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Stephen Backstrom* **Stephen Backstrom, Vice President 215-981-7557** 1/9/98

CR2E034 (10/97)