

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 015 ***150.00

DOCUMENT # P32018

1. Entity Name
COMCAST OF GEORGIA/MASSACHUSETTS, INC.



Principal Place of Business
1500 MARKET STREET
PHILADELPHIA, PA 19102-2148 US

Mailing Address
1500 MARKET STREET
PHILADELPHIA, PA 19102-2148 US

40077312



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0340958

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURKE, STEPHEN B
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	V
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	S
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	T
NAME	ALCHIN, JOHN R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	D
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 191022148
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06

215-981-7557