

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90239 041 ***150.00

DOCUMENT # P32018

1. Entity Name
MEDIAONE ENTERPRISES, INC.



COMCAST OF GEORGIA/MASSACHUSETTS, INC.

Principal Place of Business
188 INVERNESS DR W
STE 600
ENGLEWOOD CO 80112
US

Mailing Address
P O BOX 5630
DENVER CO 80217-5630
US



2. Principal Place of Business
1500 MARKET ST.

3. Mailing Address
1500 MARKET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

4. FEI Number **05-0340958**

Applied For
Not Applicable

Zip
19102-2148

Country
USA

Zip
19102-2148

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SCHLEYER, WILLIAM T 188 INVERNESS DRIVE WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S BAILEY, RICK D 188 INVERNESS DRIVE WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHANK, JOHN L 188 INVERNESS DRIVE WEST ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DWYER, EDWARD M 295 NO MAPLE AVENUE BASKING RIDGE NJ 07920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT HUSEBY, MICHAEL P 188 INVERNESS DR W ENGLEWOOD CO 80112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN B. BURKE 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT C. STEPHEN BACKSTROM 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOHN R. ALCHIN 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ARTHUR R. BLOCK 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAWRENCE S. SMITH 1500 MARKET ST. PHILADELPHIA PA 19102-2148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 life empowered.

SIGNATURE: *SIGNATURE REQUIRED* **STEPHEN BACKSTROM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-981-7557

CR2E034 (10/02)