



05-04-2004 90198 004 ***150.00

DOCUMENT # P95000096508						Secretary of State		
1. Entity Name COMCAST MO EXPRESS OF FLORIDA, INC.				05-04-2004 90198 004 ***150.00				
Principal Place of Business 1500 MARKET ST. STE 600 PHILADELPHIA, PA 19102 US		Mailing Address 1500 MARKET ST. STE 600 PHILADELPHIA, PA 19102 US		24068447				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04192004 Chg-P CR2E034 (10/03)				
City & State		City & State		4. FEI Number 04-3303454				
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 retreating) DATE _____								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P NAME BURKE, STEPHEN B STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete				TITLE PD NAME MCCUE, JAMES P STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V NAME BACKSTROM, STEPHEN C STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete				TITLE VTD NAME BACKSTROM, C. STEPHEN STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE S NAME BLOCK, ARTHUR R STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete				TITLE SVD NAME DORDELMAN, WILLIAM E. STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE T NAME ALCHIN, JOHN R STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete				TITLE VD NAME TETA, ROSEMARIE S. STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME BLOCK, ARTHUR R STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete				TITLE D NAME CROWELL, SANDRA W. STREET ADDRESS 1500 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE D NAME SMITH, LAWERENCE S STREET ADDRESS 1500 MARKET ST. CITY-ST-ZIP PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <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 like empowered.								
SIGNATURE: C. S. Backstrom				C. STEPHEN BACKSTROM 4/27/04 215-981-7557				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				