

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90029 014 ***150.00

DOCUMENT # P95000096508

1. Entity Name

COMCAST MO EXPRESS OF FLORIDA, 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.

City & State
PHILADELPHIA PA

City & State
PHILADELPHIA PA

4. FEI Number 04-3303454

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

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

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, 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

TITLE	D/P	<input checked="" type="checkbox"/> Delete
NAME	SCHLEYER, WILLIAM T	
STREET ADDRESS	188 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DWYER, EDWARD M	
STREET ADDRESS	295 NO. MAPLE AVENUE	
CITY-ST-ZIP	BASKING RIDGE NJ 07920	
TITLE	S/V	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RICK D	
STREET ADDRESS	188 INVERNESS DR WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SHANK, JOHN L	
STREET ADDRESS	188 INVERNESS DR WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	V/AT	<input checked="" type="checkbox"/> Delete
NAME	HUSEBY, MICHAEL P	
STREET ADDRESS	188 INVERNESS DR WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE		<input type="checkbox"/> Delete
NAME	300 MARKET ST.	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED STEPHEN BACKSTROM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-981-7557

0655967 AT

CR2E034 (10/02)