2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **P97000005454** 1. Entity Name COMCAST TELEPHONY COMMUNICATIONS OF FLORIDA, INC 04-23-2000 90055 027 ***150.00 Principal Place of Business Mailing Address 3760 HARTSFIELD RD 1500 MARKET STREET TALLAHASSEE FL 32303 36TH FLOOR PHILADELPHIA PA 19102-2100 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2921019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BURKE, STEPHEN B NAME NAME STREET ADDRESS 1500 MARKET ST STREET ADDRESS CITY-ST-7IP PHILADELPHIA PA 19102 CITY-ST-7/P Addition ☐ Delete Change TITLE TITLE BACKSTROM, C. STEPHEN NAME 1500 MARKET ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19102 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SMITH, LAWRENCE S NAME NAME

PHILADELPHIA PA 19102 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

1500 MARKET ST

WANG, STANLEY

1500 MARKET ST

ALCHIIN, JOHN

AS

1500 MARKET ST

BLOCK, ARTHUR R

1500 MARKET ST

PHILADELPHIA PA 19102

PHILADELPHIA PA 19102

PHILADELPHIA PA 19102

C. Stephen Backstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

□ Delete

4-10-00

215-981-7557

Daytime Phone #

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition