FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mogtham 🤙

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000011593 (5)

COMCAST MH TELEPHONY COMMUNICATIONS OF FLORIDA,

FILED May 28 1998 8:00am Secretary of State



		· · · · · · · · · · · · · · · · · · ·		
Principal Plac	e of Business	Mailing Address		
644 S ANDREWS AVE		644 S ANDREWS AVE		
FT LAUDERDALE FL 33301		FT LAUDERDALE FL 33301		DO NOT WRITE IN THIS SPACE
				Date Incorporated or Qualified
				01/14/1997
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Annlied For
21		26 1500 Market	Street	a3-a9a loa Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	<u> </u>	SR 75 Additional
22		27 36th Floor		6. Certificate of Status Desired Fee Required
City & State	O	City & State		6. Election Campaign Financing \$5.00 May Be
23		28 Philadelphia	, PA	Trust Fund Contribution Added to Fees
Zip	Country	Zip —	Country	8. This corporation owes or has paid the current year Intangible
24	[25]	29 19102-2148 3	o <i>V. S</i> .	Personal Property Tax due June 30. Yes No
<u> </u>	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM			OI Name	
1200 SOUTH PINE ISLAND ROAD 82 Street Add				Address (P.O. Box Number is Not Acceptable)
, PL	ANTATION FL 33324		83	
, .			83	
			84 City	85 Zip Code
<u></u>				FL 65 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or pented name of registered agent OFFICERS AND		legistered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	(111)	DELFTE	1.1 TiTLE	Vice President Change XX Addition
NAME			1.2 NAME	G. Stephen Backstrom
STREET ADDRESS			1.3 STREET ADDRESS	1500 Market Street
CITY-ST-ZIP			1.4 C(1)Y-\$1-Z(P	Philadelphia, PA 19102
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	-: , <u>-</u>
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	41 1IILE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4.0(TY+ST-ZIP	
TITLE		DELFTE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 City-St-ZiP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City+\$t-zip			6.4 CITY - ST - ZIP	
14. I hereby o	certify that the information supplied with	this filing does not qualify for t		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this armual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an excises.

C. Stephen Backstrom, Vice President, 215-981-7557