




No. <b>W 46902</b>	<b>Due no later than Jan 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> COMCAST BUSINESS COMMUNICATIONS, LLC JANE LEE 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>COMCAST CABLE COMMUNICATIONS MGMT, LLC</td> <td>1701 JOHN F KENNEDY BLVD, PHILADELPHIA</td> <td>PA</td> <td>USA</td> <td></td> <td>19103</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	COMCAST CABLE COMMUNICATIONS MGMT, LLC	1701 JOHN F KENNEDY BLVD, PHILADELPHIA	PA	USA		19103	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	COMCAST CABLE COMMUNICATIONS MGMT, LLC	1701 JOHN F KENNEDY BLVD, PHILADELPHIA	PA	USA		19103																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>PENNSYLVANIA</b>  <b>W 46902</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date:            12/15/2017         </td> </tr> <tr> <td>           Name (type or print):            Thomas J Donnelly         </td> <td>           Title:            Vice President         </td> </tr> </table>		Signature: 	Date: 12/15/2017	Name (type or print): Thomas J Donnelly	Title: Vice President																															
Signature: 	Date: 12/15/2017																																					
Name (type or print): Thomas J Donnelly	Title: Vice President																																					
Issued 12/04/2017 by online		102147																																				