

COMCAST CORP  
Form 3  
January 24, 2005

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â COMCAST CORP		(Month/Day/Year)	LIBERATE TECHNOLOGIES [LBRT]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		01/14/2005		
1500 MARKET STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below)    (specify below) <input type="checkbox"/> Schedule 13D Filer(1)	
PHILADELPHIA,Â PAÂ 19102			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities owned <sup>(1)</sup>	0 <sup>(1)</sup>	I <sup>(1)</sup>	See footnote <sup>(1)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of			

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				Shares		(I) (Instr. 5)	
Warrant	Â (2)	05/31/2005	Common Stock	266,666	\$ 6.9	I	See footnote (3)
Warrant	Â (2)	05/31/2005	Common Stock	166,666	\$ 6.9	I	See footnote (4)
Warrant	Â (2)	05/31/2005	Common Stock	100,000	\$ 4.8	I	See footnote (4)

## Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
COMCAST CORP 1500 MARKET STREET PHILADELPHIA, PA 19102	Â	Â	Â		Schedule 13D Filer(1)

## Signatures

/s/ Arthur R. Block, Senior Vice President, Comcast Corporation

01/24/2005

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The Reporting Person has filed a Schedule 13D in connection with the proposed acquisition of the Issuer's assets by Double C Technologies, LLC, a joint venture of which a wholly-owned subsidiary of the Reporting Person is a member. As disclosed therein, the joint venture has entered into a voting agreement with certain shareholders of the Issuer. The Reporting Person disclaims beneficial ownership of securities of the Issuer except to the extent of its pecuniary interest therein.
- (2) Exercisable immediately.
- (3) The securities are jointly held by Comcast of Georgia, Inc. and Comcast of Michigan, LLC, each a wholly-owned indirect subsidiary of the Reporting Person.
- (4) The securities are held by Comcast Technology, Inc., a wholly-owned indirect subsidiary of the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.