

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Florida Cable Inc., as successor of interest to identification number CV10-0029 issued on 12/08/10, to City of Dunnellon d/b/a Greenlight Dunnellon Communications, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 01/14/2014:

Service areas are described in the attached true and correct copy of the affidavit.

I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Fourteenth day of January, 2014.



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State

FILED

2014 JAN 14 AM 8:00

APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE
AUTHORITY FOR CABLE AND/OR VIDEO SERVICE

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- 1) Name of Certificate holder City of Dunnellon d/b/a ~~Green~~ Communications
- 2) Address of Certificate holder: 20750 River Drive, Dunnellon, FL 34431
ID# CV10-0029

3) Statement of Amendment(s):

a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use attached pages if necessary

b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

Florida Cable Inc.
23505 SR 40
Astor, FL. 32102

c) Other: (change of address or contact person)

d) Notice to Terminate Service.

Effective Date: _____

David S. Sverez, CEO
Printed Name and Title

[Signature]
Signature

1.3.2014
Date

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF Lake County

I, David S. Suarez, am employed with Florida Cable Inc. in an official capacity as (officer, partner, owner, managing member) CEO and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
- 4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:

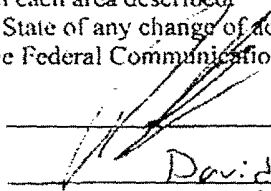
State of Florida

6) Applicant's principal place of business: 23505 State Road 40, Astor, FL 32102

Names of the applicant's principal executive officers: David S. Suarez - CEO, Gary English - President, Dana English - CFO

Physical address sufficient for purposes of Chapter 48, Florida Statutes: 23505 State Road 40, Astor, FL 32102

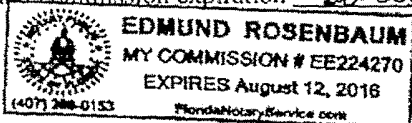
- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 8) The applicant will notify the Department of State of any change of address or contact person.
- 9) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.



 Signature
David S. Suarez, CEO
 Printed Name and Title

Sworn to affirmed and subscribed before me on this 14 day of January, 2014
 By David S. Suarez, personally known _____ or produced identification FD ID#
 (Name of Affiant) type of identification produced _____

Print, type or stamp name of notary and commission expiration Edmund Rosenbaum
 (SEAL.) _____





**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

January 14, 2014

David S. Suarez, CEO
Florida Cable Inc.
23505 SR 40
Astor, Florida 32102

Re: Florida Cable Inc.
CV10-0029

Dear Mr. Suarez:

We received your Notice of Transfer of Interest regarding CV10-0026. A State-Issued Certificate of Franchise Authority for cable and/or video service was issued on 01/14/14 to Florida Cable Inc. Your Notice of Transfer of Interest has been accepted. An amended certificate is attached.

Further, in regards to The Federal Communication Commission's Cable Act Reform 47 C.F.R. ss. 76.952, 76.1602 and 1603. The Department of State, respectfully requests that the certificate holders omit the department's name and contact information on any billing, notice or information provided to subscribers. The department's function is in a ministerial capacity only.

If you should have any questions, please call us at (850) 245-6010.

Rebekah A. White
Video and/or Cable Franchise Section

Encl.



CN10-0029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

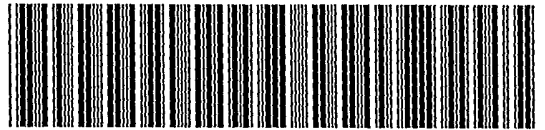
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Lft msg. 1/13 - will
have mr. Suarez call
me back.

Office Use Only



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01/09/14--01026--001 **35.00

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2014 JAN 14 AM 8:00

FILED