Certificate of Franchise Authority

I certify that Florida Fiber Networks, LLC, as successor of interest to identification number CV10-0029 issued on 12/08/10, to Florida Cable, Inc., is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 10/14/2015:

State of Florida.

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 October, 2015.

[Signature]
Ken Detzner
Secretary of State
APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY FOR CABLE AND/OR VIDEO SERVICE

1) Name of Certificate holder: **Florida Cable, Inc.**

2) Address of Certificate holder: **23505 SR 40, Astor, FL**

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 area. 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 Fiber Networks**
      301 South Collins Street, Suite 105
      Plant City, FL 33563

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

   d) Notice to Terminate Service.

      Effective Date: ______________

      **David S. Swayne, CEO**
      Printed Name and Title

      ______________
      Signature

      10.18.15
      Date

Division of Corporations, Cable and/or Video Franchising
CF04(04/12) PO Box 5678, Tallahassee, Florida 32314
E. (State-Issued Cable Franchise)

STATE OF FLORIDA
COUNTY OF Hillsborough

AFFIDAVIT

I, David S. Swarez, an employee of Florida Fiber Networks in an official capacity as (officer, partner, owner, managing member), managing member, and do hereby attest to the facts stated herein from my personal knowledge. I 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 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: 301 South Collins Street, Suite 105
Plant City, FL 33563

Names of the applicant’s principal executive officers: David S. Swarez, CEO
David G. Orson, CMO

Physical address sufficient for purposes of Chapter 48, Florida Statutes:
301 South Collins Street, Suite 105, Plant City, FL 33563

7) The applicant will file with the Department of State a notice of commencement of service within (5) five 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. Swarez, CEO

Printed Name and Title: David S. Swarez, CEO

Sworn to affirmed and subscribed before me on this 15 day of October, 2015.

By: David S. Swarez
(Name of Affiant)

Print, type or stamp name of notary, and commission expiration: 06-20-127-06-00 1-0

Notary Public - State of Florida
My Comm. Expires Oct 11, 2018
Commission # FF 167061
Bonded through National Notary Assn.
October 14, 2015

David S. Suarez, CEO
Florida Cable, Inc.
301 South Collins Street, Suite 105
Plant City, Florida 33563

Re: Florida Fiber Networks, LLC
CV10-0029

Dear Mr. Suarez:

We received your Notice of Transfer of Interest regarding CV10-0029. A State-Issued Certificate of Franchise Authority for cable and/or video service issued on 12/08/2010, to Florida Fiber Networks, LLC. 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 1652, 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.