

State of Florida



Department of State

Certificate of Franchise Authority

I certify that KG Communications, L.L.C., identification number CV07-0003 issued on 7/2/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 7/24/07:

City of Homestead and all municipalities and unincorporated areas within Miami-Dade County; including underserved urban and agricultural zones. All municipalities and unincorporated areas within Monroe County, including underserved urban and agricultural zones. All municipalities and unincorporated areas within Broward County, including underserved urban and agricultural zones. All municipalities and unincorporated areas within Palm Beach County, including underserved urban and agricultural zones.

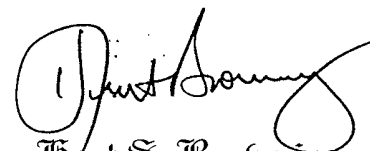
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Twenty-Fourth day of July, 2007



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



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

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

1) Name of Certificate holder: KG Communications, LLC

2) Address of Certificate holder:

13 SW 7 Street, Miami, FL, 33130

3) Statement of Amendment(s):

a) Change in Service Area. Notification of Commencement is required within five days after first providing service in each additional area. Please provide a description of the new service area consistent with s. 610.104(2)(c) 5, Florida Statutes, and effective date of Commencement of Operations.

Current Service Area is City of Homestead. Please amend to add the following Service Areas: All municipalities and unincorporated areas within Miami-Dade County; including underserved urban and agricultural zones. All municipalities and unincorporated areas within Monroe County, including underserved urban and agricultural zones. All municipalities and unincorporated areas within Broward County, including underserved urban and agricultural zones. All municipalities and unincorporated areas within Palm Beach County, including underserved urban and agricultural zones. Effective date of commencement of operations (City of Homestead) 07/01/07.

b) Notice of Transfer of Ownership/Control. Notification is required within fourteen days after completion of transfer. Please provide the name and address of any successor in interest.

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

d) Notice to Terminate Service.
Effective Date: _____

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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