

# State of Florida



Department of State

## *Certificate of Franchise Authority*

I certify that Comcast of Florida/Washington, L.L.C., as successor of interest to identification number CV07-0010 issued on 7/11/2007, to Strategic Technologies, Inc., is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 10/16/07:

Portions of Miami-Dade County (including the Town of Culter Bay and the City of Homestead), as such areas are described in STI's current cable television licenses with Miami-Dade County and the City of Homestead. The service area will be co-extensive with the descriptions contained in such cable television licenses and as reported in STI's annual reports to Miami-Dade County and the City of Homestead.

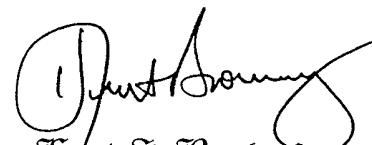
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Sixteenth day of October, 2007



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



## FLORIDA DEPARTMENT *of* STATE

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

1) Name of Certificate holder: Strategic Technologies, Inc.

Address of Certificate holder: 700 Northwest 107th Avenue, Suite 300, Miami, Florida 33172

2) 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.)
- 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.

#### Business Name & Address

Comcast of Florida/Washington, LLC  
1500 Market Street  
Philadelphia, Pennsylvania 19102

#### Contact Name & Address

Christopher McDonald  
300 West Pensacola Street  
Tallahassee, Florida 32301  
850-201-9458

#### Registered Address

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

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

d) Notice to Terminate Service.  
Effective Date:

RECEIVED  
2007 OCT -8 PM 1:52  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

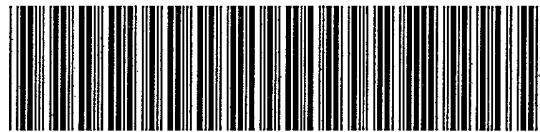
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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