State of Florida

Department of State

Certificate of Franchise Authority

I certify that Verizon Florida, L.L.C., identification number CV07-0008 issued on 7/10/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 3/18/2008:

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

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 Eighteenth day of March, 2008

Kurt S. Browning
Secretary of State

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

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: Verizon Florida LLC

2) Address of Certificate holder: One Tampa City Center, 201 North Franklin Street, 37 Floor, Tampa, FL, 33602

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.)

Existing Service Areas: The Oldsmar wire center excluding the areas Verizon currently is authorized to serve under its local franchise agreements with Hillsborough County and the City of Oldsmar; the Sarasota Main wire center excluding the areas Verizon currently is authorized to serve under its local franchise agreements with Manatee County and Sarasota County; the Sarasota Northside wire center excluding the areas Verizon currently is authorized to serve under its local franchise agreements with Manatee County and Sarasota County; the Sarasota Southside wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with Sarasota County; the Sarasota Springs wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with Sarasota County; the Siesta Key wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with Sarasota County; the St. George wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with the City of Oldsmar; the Tarpon Springs wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with Pasco County; the North Port wire center excluding the areas Verizon currently is authorized to serve under its local franchise agreement with Sarasota County, Florida; the Lakeland North wire center excluding the area Verizon currently is authorized to serve under its local franchise agreement with Hillsborough County; the Winter Haven wire center; the Poinciana wire center; the Haines City Main wire center; and the Cypress Gardens wire center.

Additional Service Area: The Haines City North wire center. The effective date of Commencement of Operations will be on or before March 25, 2008.

☐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.

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

☐d) Notice to Terminate Service.
Effective Date:

(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:

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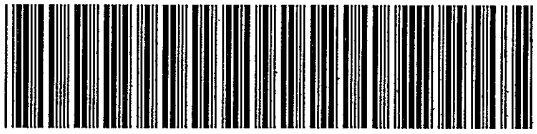

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