

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Digital Community Networks, Inc., identification number CV07-0017 issued on 11/1/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 04/3/08:

Manatee County; Lee County; Charlotte County; Sarasota County; Hillsborough County; Pasco County; Collier County; Broward County; Polk County, Florida;

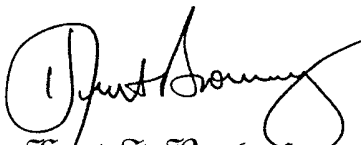
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

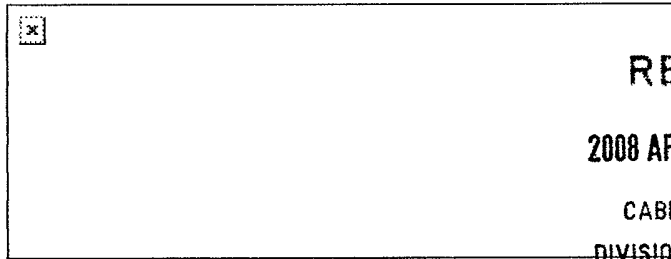
This grant of authority is subject to lawful operation of the cable or video service by the applicant or its successor in interest.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the Third day of April, 2008



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



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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: Digital Community Networks, Inc.
- 2) Address of Certificate holder: 1718 Main Street, Ste 300, Sarasota, FL 34236
- 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 areas:

Manatee County
Lee County
Charlotte County

New:

Sarasota County
Hillsborough County
Pasco County
Collier County
Broward County
Polk County

- 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:

Division of Corporations, Cable and/or Video Franchising
Post Office Box 5678, Tallahassee, Florida 32314

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

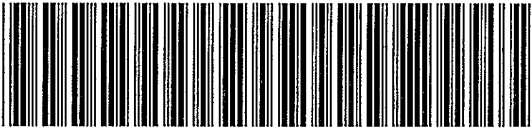
(Document Number)

Certified Copies _____ Certificates of Status _____

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