

State of Florida



Department of State

Certificate of Franchise Authority

I certify that CoxCom, Inc., identification number CV07-0012 issued on 8/21/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 12/12/08:

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

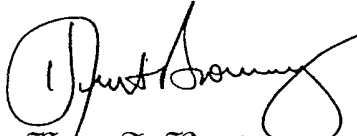
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Twelfth day of December, 2008



CR2EO22 (01-07)


Kurt S. Bratton
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: CoxCom,Inc.
2) Address of Certificate holder: 1400 Lake Hearn Drive, Atlanta, Georgia 30319

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.

Table with 2 columns: Existing Service Areas and Additional Service Areas. Lists various Florida counties and cities like Escambia, Pensacola, Gainesville, Alachua, Marion, Ocala, Newberry, Ft. Walton Beach, Cinco Bayou, Shalimar, Mary Esther, Niceville, Crestview, Destin, Okaloosa County, Walton County, and Freeport.

*Effective Date: Each Additional Service Area is currently provided Cox cable television service under the authority of local cable franchise agreement.

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:

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

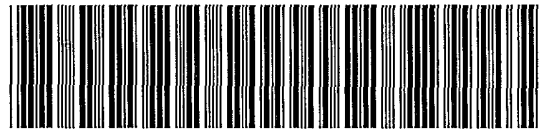
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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