State of Florida

Department of State

Certificate of Franchise Authority

I certify that Smart City Television LLC, identification number CV07-001 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 12/29/2008:

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 Twenty Ninth day of December 2008

Kurt S. Browning
Secretary of State

CR2EO22 (01-07)

RECEIVED
2008 DEC ~~30~~ 29th AM 10: 12 mtc
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: Smart City Television LLC

2) Address of Certificate holder: 3100 Bonnet Creek Road, P.O. Box 22555, Lake Buena Vista, FL 32830-2555

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.)

In addition to Certificate Holder's existing Service Area under CV07-001, attached are depictions of the following new service areas:

Fountain Park, 333 Rinehart Road, Lake Mary, Florida
Anthem Park, 2122 Continental Street, St. Cloud, Florida
Lighthouse Key Resort & Spa, 8545 West Irlo Bronson Memorial Highway, Kissimmee, Florida
Westin Village of Imagine, 9501 Universal Blvd., Orlando, Florida
Oakland Park, 15241 East Oakland Avenue, Winter Garden, Florida
Florida Hospital, 601 East Rollins Street, Orlando, Florida
Florida Hospital, 601 East Altamonte Drive, Altamonte Springs, Florida
Florida Hospital, 7727 Lake Underhill Road, Orlando, Florida
Florida Hospital, 200 No. Lakemont Avenue, Winter Park, Florida

_____ 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:

EXHIBIT A

GENERAL EXCHANGE TARIFF

SMART CITY TELECOMMUNICATIONS LLC
d/b/a/ SMART CITY TELECOM

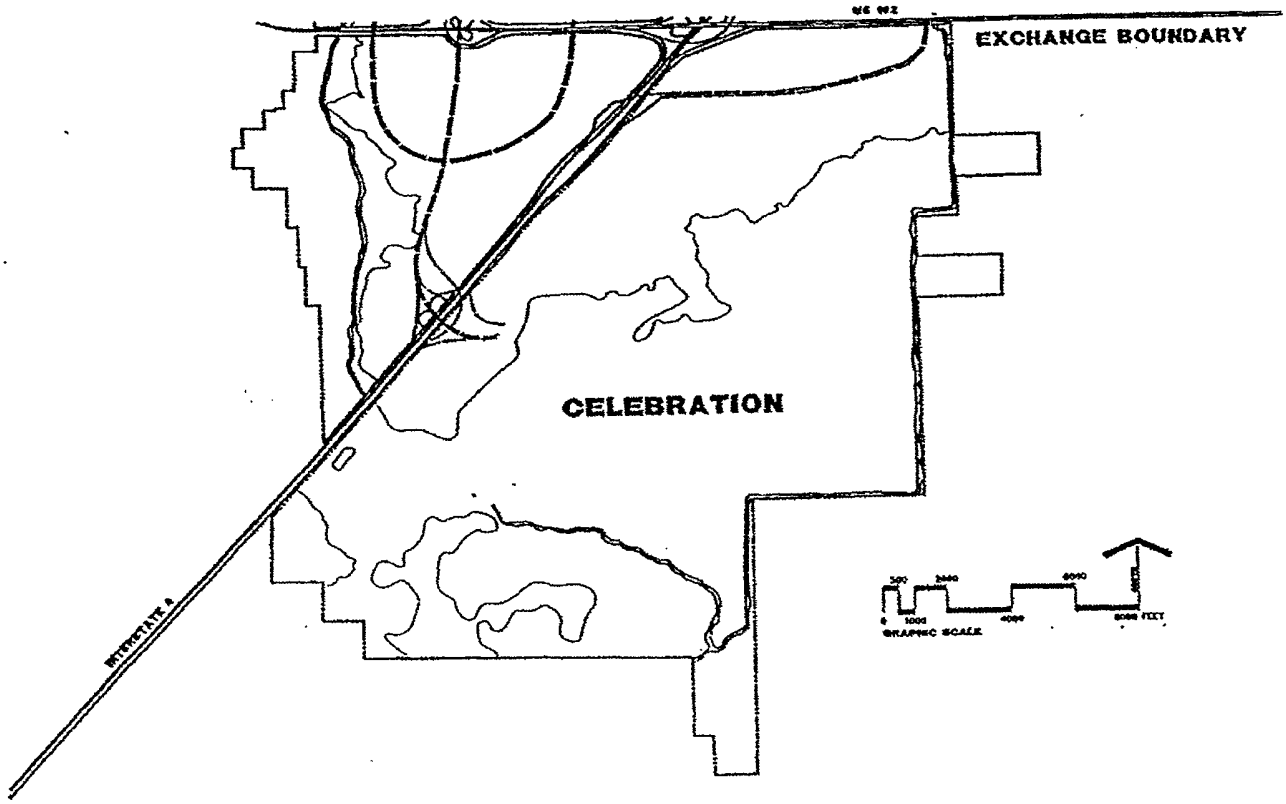
SUPPLEMENT SECTION A3
1st Revised Sheet 3
Canceling Original Sheet 3

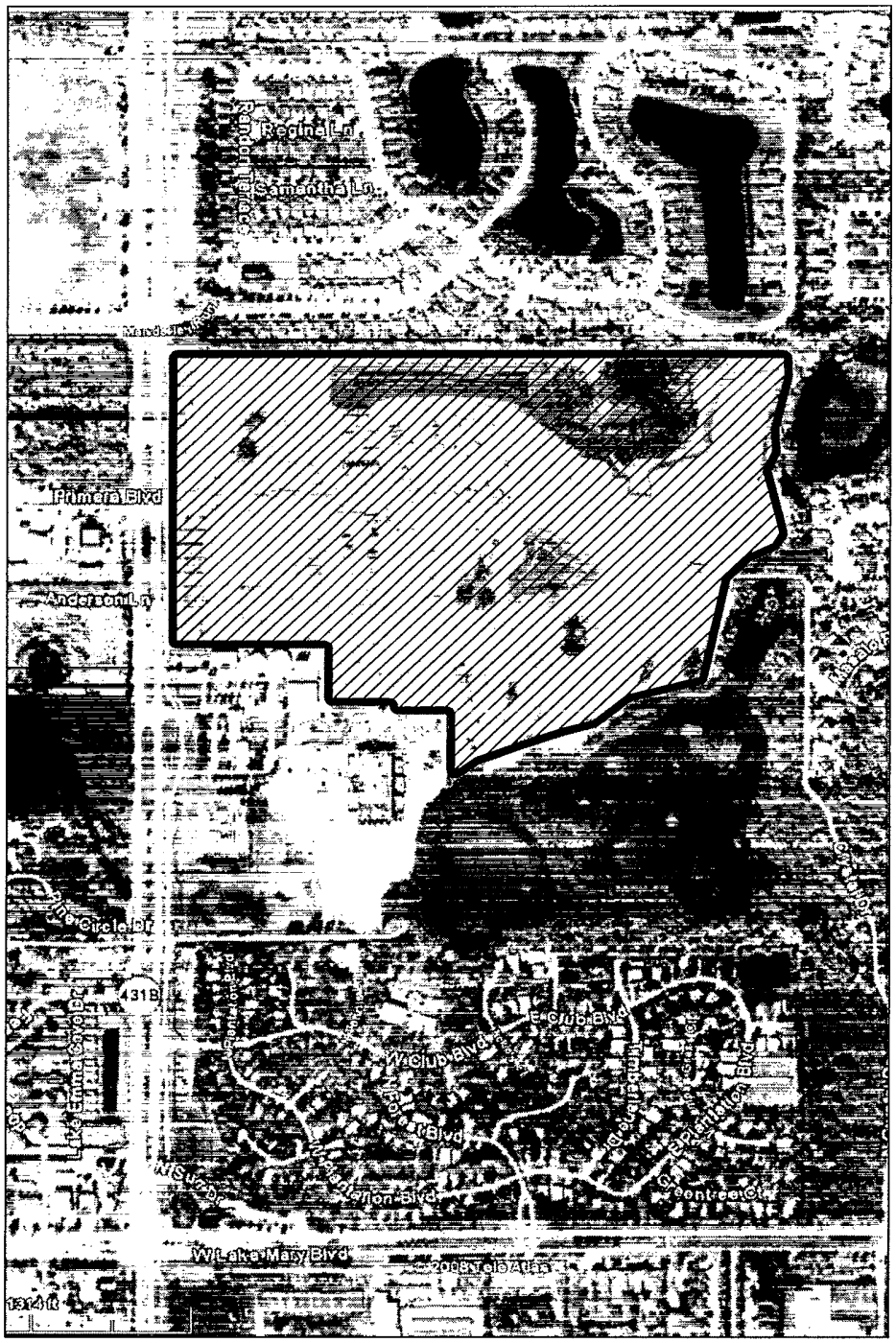
ISSUED: April 16, 1996
BY: JAMES T. SCHUMACHER-
MANAGER, BUSINESS AFFAIRS

EFFECTIVE: May 1, 1996

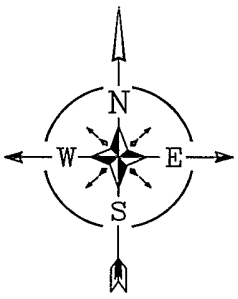
EXCHANGE SERVICE AREA MAP

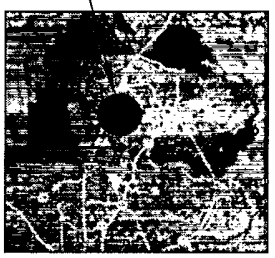
CELEBRATION EXCHANGE





PROPOSED CATV SERVICE AREA





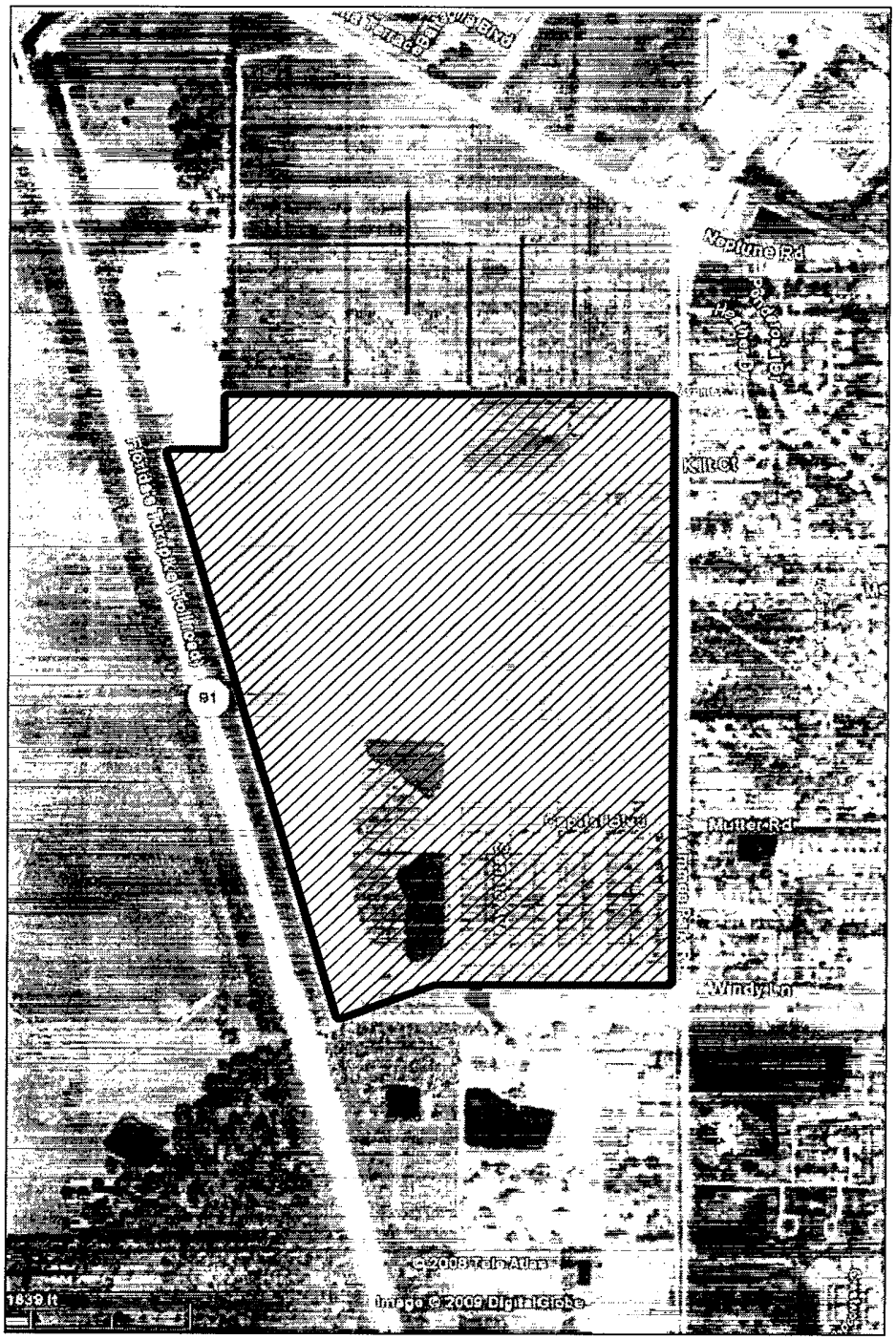
KEY PLAN

SmartCity

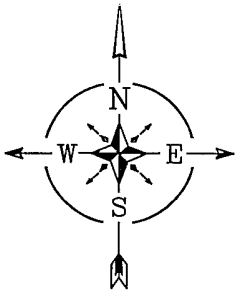
Smart City
Television

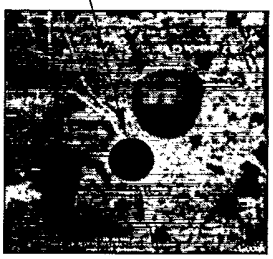
P.O. Box 22555
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: LAKE MARY, FLORIDA		DATE: 12/19/08
UNIT NAME: FOUNTAIN PARKE		SCALE: NONE
SHEET TITLE: CATV SERVING AREA		DRAWN BY: DWC
COMMENTS: TOWNHOMES		FILENAME: FOUNTAIN PARKE



PROPOSED CATV SERVICE AREA





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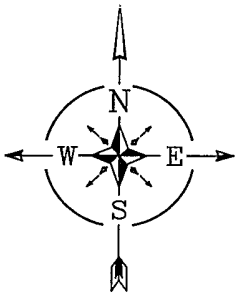
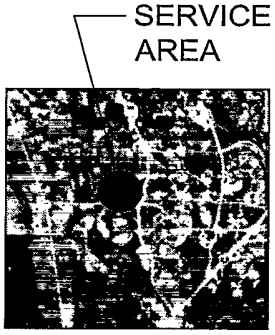
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: ST CLOUD, FLORIDA		DATE: 12/19/08
UNIT NAME: ANTHEM PARK		SCALE: NONE
SHEET TITLE: CATV SERVING AREA		DRAWN BY: DWC
COMMENTS: RESIDENTIAL COMMUNITY		FILENAME: ANTHEM PARKE

PROPOSED CATV SERVICE AREA





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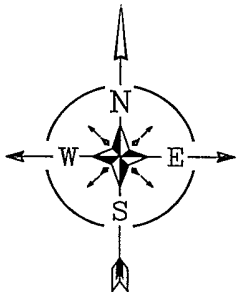
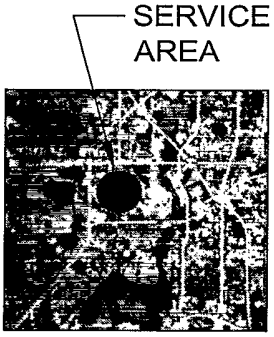
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: KISSIMMEE, FLORIDA		DATE: 12/19/08
UNIT NAME: LIGHTHOUSE KEY		SCALE: NONE
SHEET TITLE: CATV SERVING AREA		DRAWN BY: DWC
COMMENTS: TIMESHARE COMMUNITY		FILENAME: LIGHTHOUSE KEY

PROPOSED CATV SERVICE AREA





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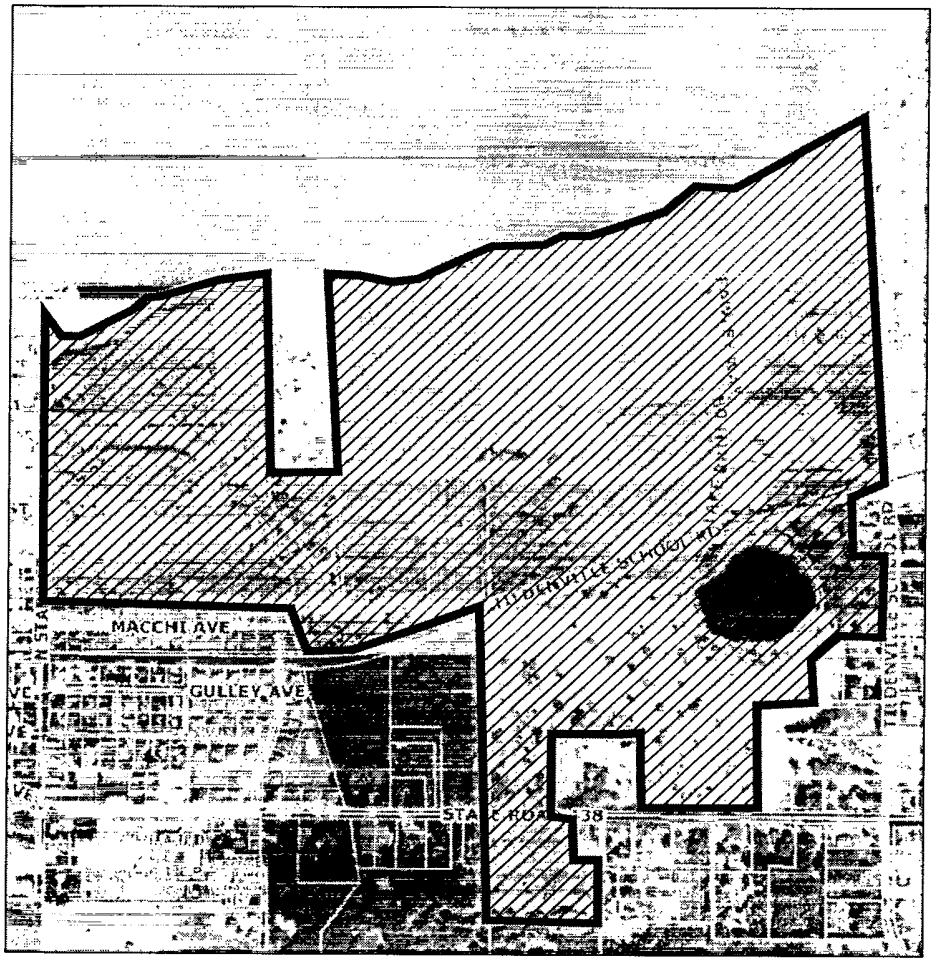
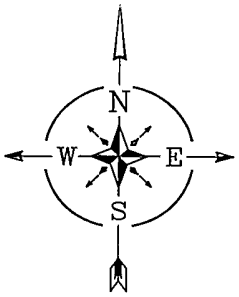
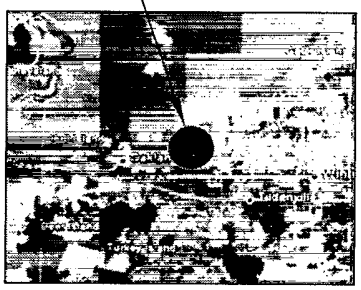
P.O. Box 22555
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: ORLANDO, FLORIDA		DATE: 12/19/08
UNIT NAME: WESTIN RESORT		SCALE: NONE
SHEET TITLE: CATV SERVING AREA		DRAWN BY: DWC
COMMENTS: VILLAGE OF IMAGINE		FILENAME: CATVWESTIN



PROPOSED CATV SERVICE AREA





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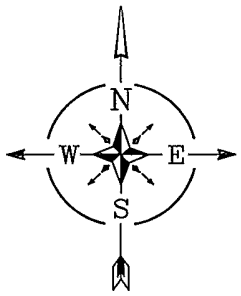
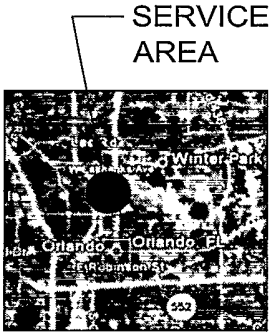
Smart City Television
P.O. Box 22555
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: OAKLAND, FLORIDA		DATE: 12/19/08
UNIT NAME: OAKLAND PARK		SCALE: NONE
SHEET TITLE: CATV SERVING AREA		DRAWN BY: DWC
COMMENTS: RESIDENTIAL COMMUNITY		FILENAME: OAKLAND PARK

PROPOSED CATV SERVICE AREA





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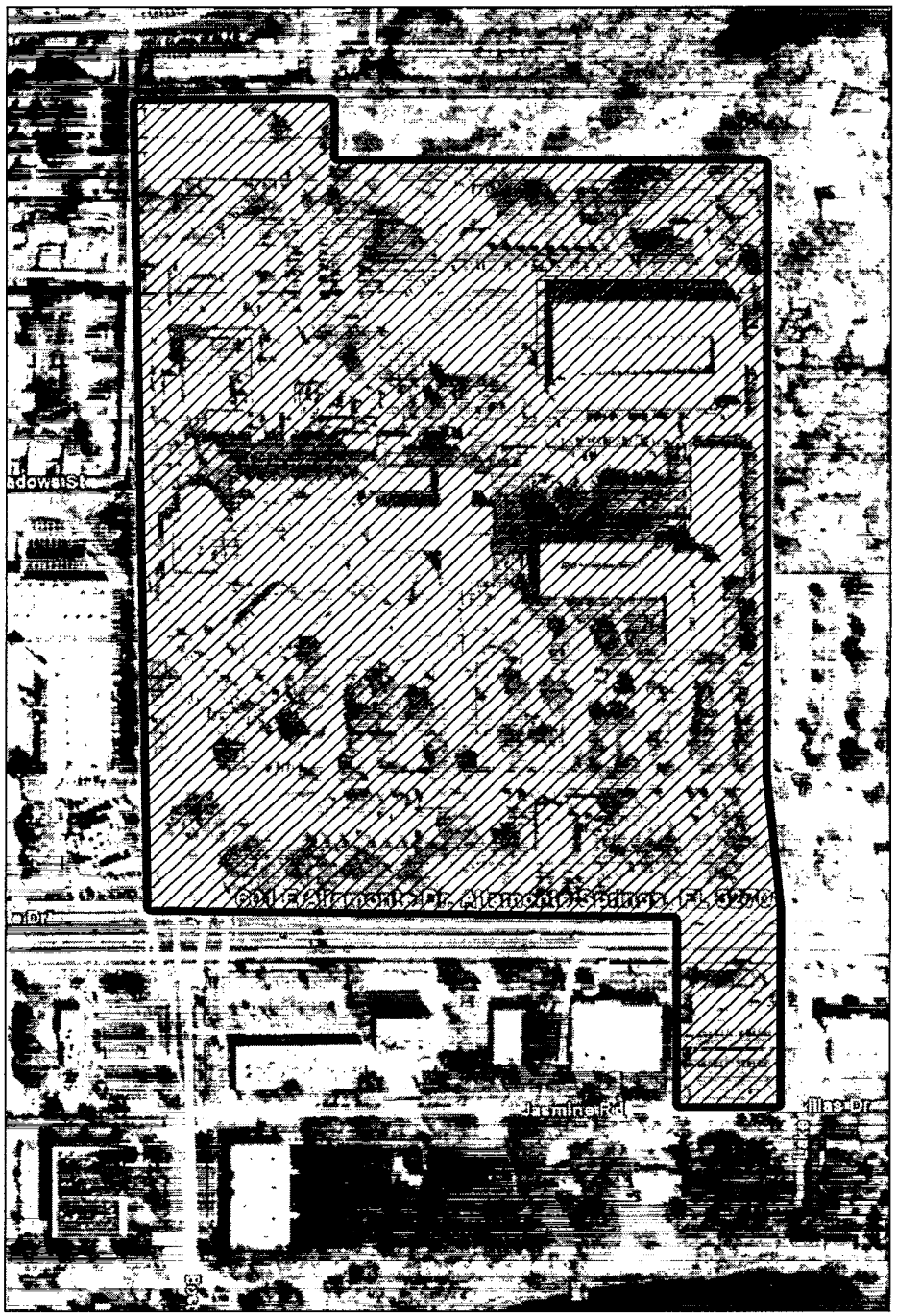
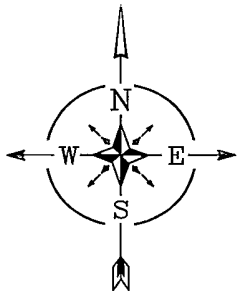
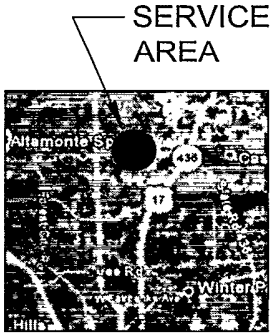
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: ORLANDO, FLORIDA		DATE: 12/19/08
UNIT NAME: 601 E ROLLINS ST		SCALE: NONE
SHEET TITLE: FLORIDA HOSPITAL		DRAWN BY: DWC
COMMENTS: CATV SERVING AREA		FILENAME: 601 E ROLLINS



PROPOSED CATV SERVICE AREA





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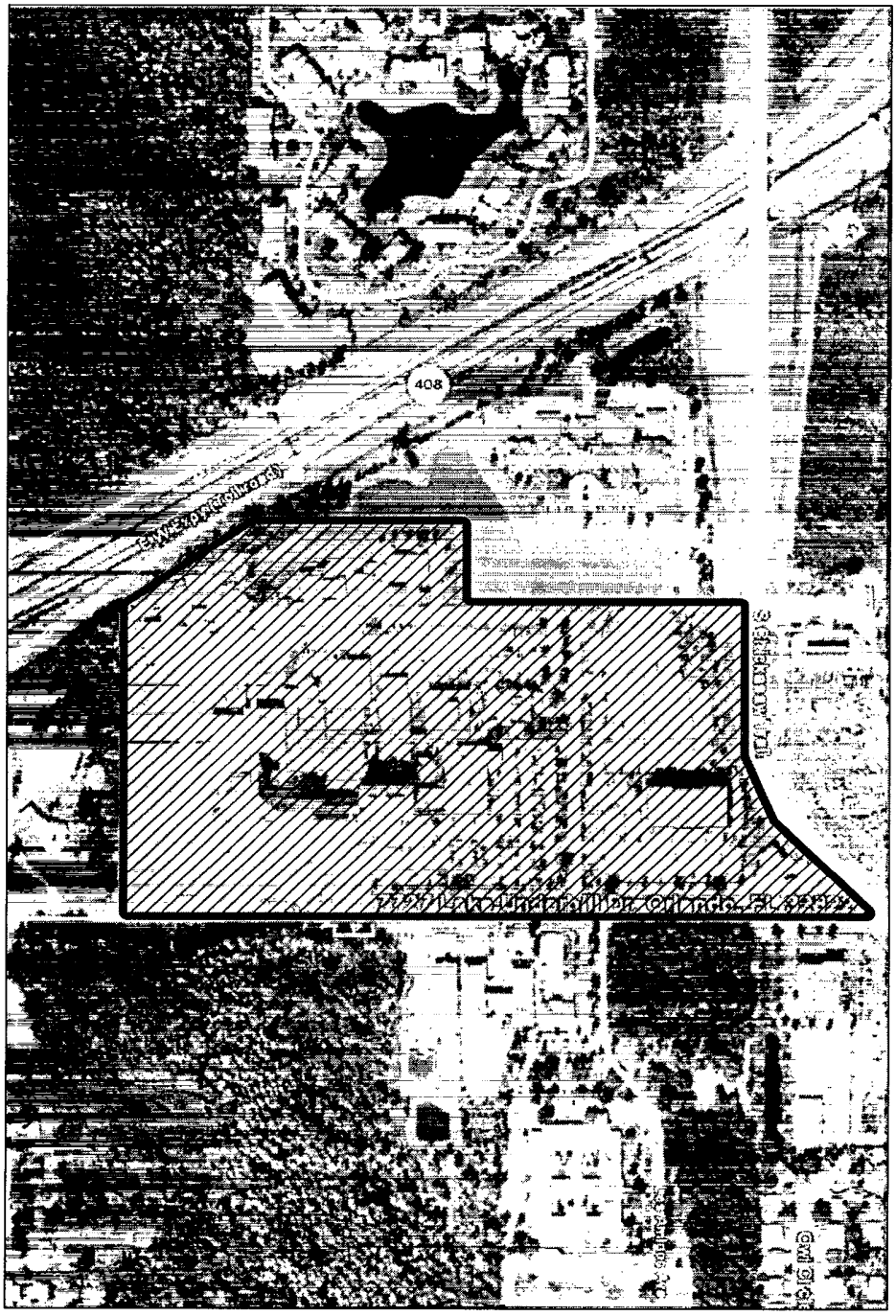
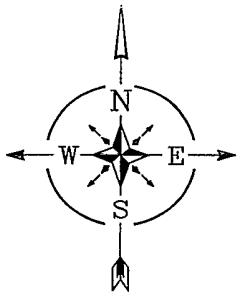
Smart City Television
P.O. Box 22555
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

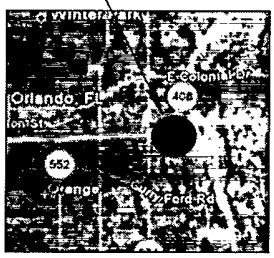
PROJECT AREA: ALTAMONTE SPRINGS, FLORIDA		DATE: 12/19/08
UNIT NAME: 601 E ALTAMONTE DRIVE		SCALE: NONE
SHEET TITLE: FLORIDA HOSPITAL		DRAWN BY: DWC
COMMENTS: CATV SERVING AREA		FILENAME: 601EALTAMONTE



PROPOSED CATV SERVICE AREA



SERVICE AREA



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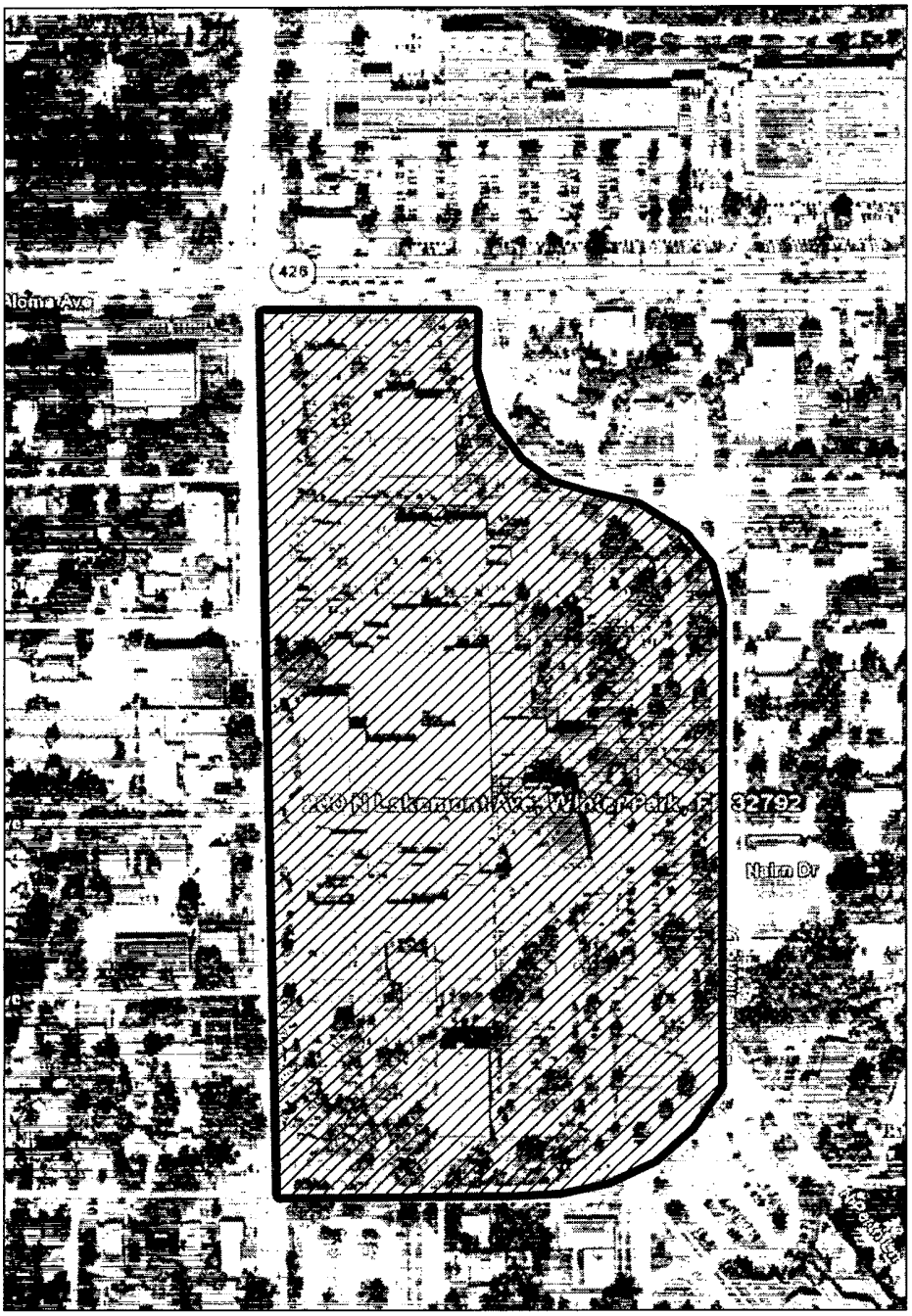
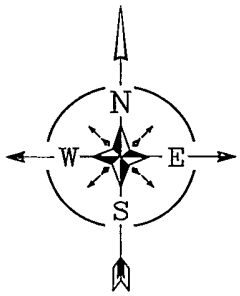
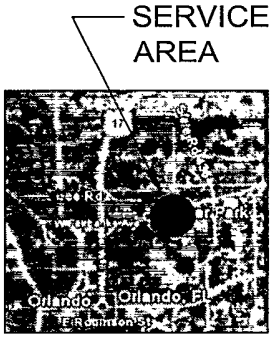
Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: ORLANDO, FLORIDA		DATE: 12/19/08
UNIT NAME: 7727 LAKE UNDERHILL ROAD		SCALE: NONE
SHEET TITLE: FLORIDA HOSPITAL		DRAWN BY: DWC
COMMENTS: CATV SERVING AREA		FILENAME: 7727 LAKE UNDERHILL



PROPOSED CATV SERVICE AREA





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Lake Buena Vista, Florida 32830-2555
(407) 828-6600

PROJECT AREA: ORLANDO, FLORIDA		DATE: 12/19/08
UNIT NAME: 200 N LAKEMONT AVE		SCALE: NONE
SHEET TITLE: FLORIDA HOSPITAL		DRAWN BY: DWC
COMMENTS: CATV SERVING AREA		FILENAME: 200 N LAKEMONT

SmartCity®

RECEIVED
2008 DEC 30 AM 10: 12
CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.smartcity.com

December 24, 2008

Florida Department of State
Cable and/or Video Franchising
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Smart City Television LLC: CV07-001

Application to Amend Certificate of Franchise Authority for Cable and/or Video Service

TO WHOM IT MAY CONCERN:

Please find enclosed for filing Smart City Television LLC's Application to Amend Certificate of Franchise Authority for Cable and/or Video Service No. CV07-001 for Change in Service Area.

Should you have any questions, please contact Lynn B. Hall of our office at (407) 828-6730.

Sincerely,

SMART CITY TELEVISION LLC

James T. Schumacher
Vice President - Finance

Post Office Box 22555 Lake Buena Vista, FL 32830-2555 phone (407) 827-2000 fax (407) 828-6651

STATE OF FLORIDA
DEPARTMENT OF STATE

CHARLIE CRIST
Governor

KURT S. BROWNING
Secretary of State

December 29, 2008

Ms. Lynn B. Hall
Director - Contracts and Support Services
Smart City Television, LLC
Post Office Box 22555
Lake Buena Vista, Florida 32830-2555

Re: Smart City Television, LLC
CV07-0001

Dear Ms. Hall:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted. An amended certificate is attached.

The Federal Communication Commission's Cable Act Reform 47 C.F.R. 76.952 states that "all cable operators must provide to the subscribers the name, mailing address and phone number of the franchising authority, unless the franchising authority in writing request that cable operator to omit such information."

Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority to resolve customer service complaints. In 2009 the Department of Agriculture and Consumer Services will be responsible for responding to customers' complaints.

If you should have any questions, please call us at (850) 245-6010.

Rebekah A. White
Video and/or Cable Franchise Section

Encl.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

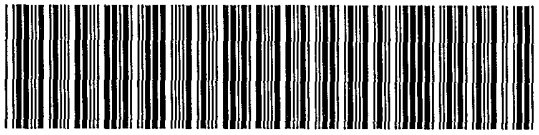
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/29/08--01004--011 **35.00