



Department of State

Certificate of Franchise Authority

I certify that City of Dunnellon d/b/a Greenlight Communications, identification number CV10-0029 issued on 12/08/10, is hereby granted authority to provide cable and/or video service under the following name as amended on 2/18/2011:

City of Dunnellon d/b/a Greenlight Dunnellon Communications.

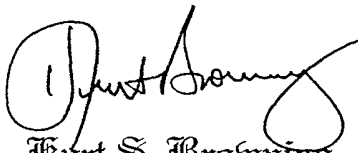
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 February 2011.



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT of STATE

RECEIVED
2011 FEB 18 AM 11:31
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:
City of Dunnellon d/b/a Greenlight Communications

2) Address of Certificate holder
20750 River Drive, Dunnellon, FL 34431

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)(c) 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.

☒ c) Other: (change of address or contact person).
Change of Official name of the cable or video service provider which will be:
City of Dunnellon d/b/a Greenlight Dunnellon Communications

☐ d) Notice to Terminate Service.
Effective Date: _____

Lisa Algiere, City Manager
Printed Name and Title

Signature

2/10/11
Date



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KURT S. BROWNING
Secretary of State

February 18, 2011

Ms. Lisa Algiere
City Manager
City of Dunnellon
20750 River Drive
Dunnellon, Florida 34431

Re: City of Dunnellon d.b.a. Greenlight Dunnellon Communications
CV10-0029

Dear Ms. Algiere:

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. The Department of Agriculture and Consumer Services are responsible for responding to customers' complaints.

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

Rebekah White
Video and/or Cable Franchise Section

Encl.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

(Business Entity Name)

(Document Number)

Certified Copies _____

Special Instructions to Filing Officer:

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