



Department of State

## Certificate of Franchise Authority

I certify that Hotwire Communications, LLC, identification number CV07-0005 issued on 7/02/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 3/9/2011:

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

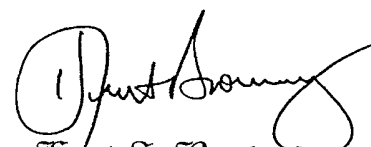
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Ninth day of March 2011.



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



FLORIDA DEPARTMENT of STATE

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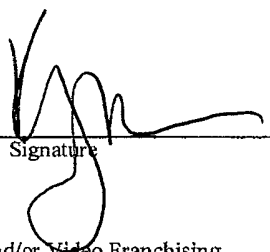
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CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY FOR  
CABLE AND/OR VIDEO SERVICE

- 1) Name of Certificate holder: Hotwire Communications, L.L.C.
- 2) Address of Certificate holder: 300 E. Lancaster Avenue, Suite 208, Wynnewood, PA 19096
- 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.) See Exhibit A
  - ☐ 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: \_\_\_\_\_

Kristin Johnson, President  
Printed Name and Title

  
Signature

3/3/11  
Date

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

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**EXHIBIT A**

**Service Areas for which Hotwire Communications, LLC  
already has a certificate of franchise authority**

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

**In Miami-Dade County**

City of Aventura  
City of Coral Gables  
City of Doral  
City of Miami  
City of North Miami  
City of North Miami Beach  
City of South Miami  
City of Sunny Isles Beach  
City of West Miami  
North Bay Village

**In Broward County**

City of Coconut Creek  
City of Fort Lauderdale  
City of Lauderdale Lakes  
City of Tamarac  
City of North Lauderdale

**In Palm Beach County**

City of Boca Raton  
City of Boynton Beach  
City of Greenacres  
Town of Palm Beach  
City of Riviera Beach  
Palm Beach County  
City of West Palm Beach

**In Hillsborough County**

Hillsborough County  
City of Tampa

**In Orange County**

City of Orlando

**In Volusia County**

City of Holly Hill

**New Additional Area:**

**In Miami-Dade County**

City of Miami Beach

GRAY | ROBINSON  
ATTORNEYS AT LAW

Frank A. Rullan

954-761-8111

FRANK.RULLAN@GRAY-ROBINSON.COM

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FAX 954-761-8112 MELBOURNE  
gray-robinson.com MIAMI  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

March 8, 2011

**VIA FEDERAL EXPRESS**

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

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2011 MAR -9 AM 10:28  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Re: Hotwire Communications, L.L.C.'s  
Application for s State-Issued Certificate of Franchise Authority  
Provide Cable and/or Video Service and Affidavit**

To Whom It May Concern:

On behalf of Hotwire Communications, L.L.C.'s ("Hotwire"), enclosed please find Hotwire's completed Application to amend a State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Service and a check (# 04187) in the amount of \$35.00 for the amendment filing fee.

If you have any questions, please do not hesitate contact me.

Very truly yours,

Frank A. Rullan

GIR:js

Enclosures

cc: Kristin Johnson, President, Hotwire Communications, L.L.C.



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**KURT S. BROWNING**  
*Secretary of State*

March 9, 2011

Ms. Kristin Johnson  
President  
Hotwire Communications, LLC  
300 E. Lancaster Avenue Suite 208  
Wynnwood, PA 19096

Re: Hotwire Communications, LLC  
CV07-0005

Dear Ms. Johnson:

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 #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

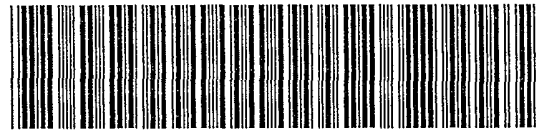
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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