

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Hotwire Communications, L.L.C., 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 7/5/11:

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

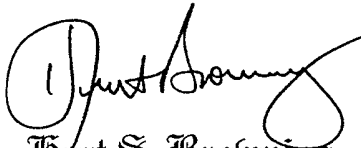
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Fifth day of July 2011.



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE

RECEIVED

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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

Date

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

CF04 (06/10)

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

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
City of Miami Beach

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 Palm Beach County

Palm Beach Gardens



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KURT S. BROWNING
Secretary of State

July 5, 2011

Ms. Kristin Johnson
President
Hotwire Communications, LLC
300 E. Lancaster Avenue Suite 208
Wynnewood, 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

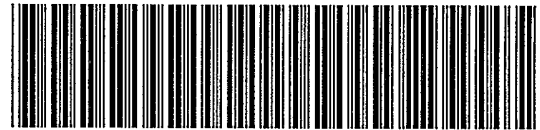
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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