

RICK SCOTT

Governor

Ken Detzner
Secretary of State

June 25, 2012

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

Re:

Hotwire Communications, LLC

CV07-0005

Dear Ms. Johnson:

We have received and filed your application for renewal of your State-Issued Certificate of Franchise Authority for cable and/or video service. A file stamped copy of your renewal application is attached for your records. Please be advised, a renewal application and fee of \$1035.00 is due every five years. The next Renewal Date for Hotwire Communications, LLC will be: 7/02/2017.

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 is 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.



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

| CABLE AND ON YIDEO RANCHISME BYSION OF CORPORATIONS TALLA ALASSEE FLURIDA Street address of the principal place of business of the cable and/or video service provider 19360 USA To buy Vay Hiracar, fl 33015 Federal employer identification number or the Department of State's document number: 20-0052744 Name, address, and business telephone number of an officer, partner, owner, member, manger or managing member as a contact person for the cable or video service provider to whom questions or concerns may be addressed: Name: Krish Johnson Title: Kresilent Address: 3-06. Lancosfer Are, 5k 208 Uyune work, PA 19076 Business telephone number: 484-572-6003 Names of other principal executive officers: Michael Korf, Clo Caig Florida street address for, or on behalf of, the Cable Service Provider, sufficient for purposes of service of process as required in Chapter 48, F.S. 10360 USA Today Bay Thracar Florida, 33025 Service Area: On an attached page, list any change to the cable service provider's service area that is different from what is currently on file with the Division of Corporations. If the current service area is correctly listed with the Division, enter "no change" here: 1 submit this Application for Renewal and affirm that the facts stated herein are true. I an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S. The Care of Person Signing Date | Official name of the cable of the Counc | | | |
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| Names of other principal executive officers: Marty Marty | Name: Kristh Johns | e v | | |
| Names of other principal executive officers: Market Morty Mohr General Manager | Title: <u>l'resident</u> Address: <u>300 E. Lan</u> | caster Ave, ste | 208 | |
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| Date Printed Name of Person Signing | - Hel | Craig H | Pizer, Geral Caral | 6/18/12 |
| | re or officer, owner or Managing Mer | noer Printed N | ame of Person Signing | Date |

NEW SERVICE PROVIDER AREAS

COUNTY

Brevard

Collier

Duval

Escambia

Flagler

Lee

Manatee

Nassau

Osceola

Polk

St. Lucie

CITY

Fernandina Beach

Fort Myers

Ft Myers Beach

Ft. Pierce

Gulf Breeze

Haines City

Hollywood

Jacksonville

Kissimmee

Melbourne

Mims

Naples

Palm Bay

Palm Coast

Sarasota

Sunrise

Tampa

Winter Garden

Yulee

CV07-0005

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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