

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Advanced Cable Communications, LLC., as successor of interest to identification number CV07-0014 issued on 9/14/2007, to Advocate Communications d/b/a Advanced Cable Communications, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 04/1/2015:

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 first day of April, 2015.



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

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

- 1) Name of Certificate holder Advocate Communications, Inc.  
2) Address of Certificate holder: 12409 N.W. 35th Street Coral Springs, Florida 33065

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 areas. 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. Use attached pages if necessary

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.

Advanced Cable Communications, LLC  
12409 N.W. 35th Street  
Coral Springs, Florida 33065

c) Other: (change of address or contact person)

d) Notice to Terminate Service.  
Effective Date: \_\_\_\_\_

**Philip J. Kantor, Counsel**

Printed Name and Title

Signature

March 23, 2015

Date

E. (State-Issued Cable Franchise)  
STATE OF FLORIDA  
COUNTY OF Broward

**AFFIDAVIT**

I, Jim Pagano, am employed with Advanced Cable Communications, LLC in an official capacity as (officer, partner, owner, managing member) President and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
- 4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:  
Broward County, City of Coral Springs, City of Weston and City of Parkland

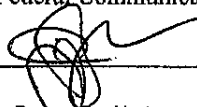
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Applicant's principal place of business: 12409 N.W. 35th Street Coral Springs, Florida 33065

Names of the applicant's principal executive officers: Jim Pagano

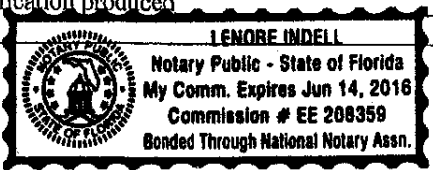
Physical address sufficient for purposes of Chapter 48, Florida Statutes: 12409 N.W. 35th Street Coral Springs, Florida 33065

- 7) The applicant ~~will file with the Department of State a notice of commencement of service within (5) five-~~ is continuing to provide service
- 8) ~~Business days after first providing service in each area described.~~
- 8) The applicant will notify the Department of State of any change of address or contact person.
- 9) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

  
\_\_\_\_\_  
Signature  
Jim Pagano, President  
Printed Name and Title

Sworn to affirmed and subscribed before me on this 24th day of March, 2015  
By Jim Pagano, personally known  or produced identification \_\_\_\_\_  
(Name of Affiant) type of identification produced \_\_\_\_\_

Print, type or stamp name of notary and commission expiration \_\_\_\_\_  
(SEAL)  
CF10 (06/13)



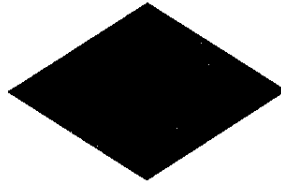
**APPLICATION FOR A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY  
TO PROVIDE CABLE AND/OR VIDEO SERVICE**

1. Official name of the cable or video service provider:  
Advanced Cable Communications, LLC  
\_\_\_\_\_  
\_\_\_\_\_
2. Street address of the principal place of business of the cable and/or video service provider:  
12409 N.W. 35th Street Coral Springs, Florida 33065  
\_\_\_\_\_  
\_\_\_\_\_
3. Federal employer identification number or the Department of State's document number:  
\_\_\_\_\_
4. Name, address, and business telephone number of an officer, partner, owner, member, or manager as a contact person for the cable or video service provider to whom questions or concerns may be addressed:  
  
Name: Jim Pagano  
Title: PRESIDENT  
Address: 12409 N.W. 35th Street Coral Springs, Florida 33065  
\_\_\_\_\_  
\_\_\_\_\_  
  
Business telephone number: 954-752-7244  
\_\_\_\_\_
5. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

This application and affidavit must be submitted with an application fee of \$10,000.00 and an accompanying fee of \$35.00 and mailed to the State-Issued Certificate of Franchise Authority for Cable and/or Video Service at the following address:

**MAILING ADDRESS:**  
Cable and/or Video Franchising  
Division of Corporations  
PO Box 5678  
Tallahassee, Florida 32314

**OVERNIGHT COURIER:**  
Cable and/or Video Franchising  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301



QUINTAIROS, PRIETO, WOOD & BOYER, P.A.

ATTORNEYS AT LAW

WWW.QPWBLAW.COM

ONE EAST BROWARD BOULEVARD, SUITE 1200  
FORT LAUDERDALE, FLORIDA 33301  
TELEPHONE: (954) 523-7008 • FACSIMILE: (954) 523-7009

March 26, 2015

*Via Federal Express Overnight*

Ms. Rebekah A. White  
Division of Corporations  
Cable and/or Video Franchise Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Transfer of State-Issued Certificate of Franchise Authority to Provide  
Cable and/or Video Service**

Dear Ms. White:

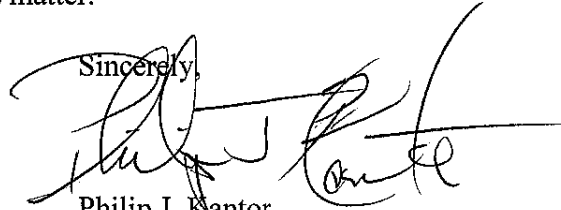
In response to your letter dated March 16, 2015, which I received on March 23, 2015, and in accordance with Section 610.104(7), Florida Statutes, please find the following documents in support of Advocate Communications, Inc., d/b/a Advanced Cable Communications ("Advocate"), transfer of the ownership of the cable system and the State-Issued Certificate of Franchise Authority, *CV07-0014*, for the provision of cable and/or video service to Advanced Cable Communications, LLC:

- 1) Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service;
- 2) Signed and notarized affidavit of Mr. Jim Pagano in support of the transfer; and
- 3) Check made payable to the Department of State in the amount of \$35.00 as the filing fee for this transfer.

Ms. Rebekah A. White  
Division of Corporations  
Cable and/or Video Franchise Section  
March 26, 2015  
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Should you need any further information, please do not hesitate to contact me.  
Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Philip J. Kantor", written over a horizontal line.

Philip J. Kantor  
*Counsel to Advanced Cable  
Communications, LLC*

PJK/pc  
Enclosures  
Cc: James J. Pagano



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**Ken Detzner**  
*Secretary of State*

April 4, 2015

Phillip J. Kantor  
Counsel  
Advanced Cable Communications, LLC  
One East Broward Blvd., Suite 1200  
Fort Lauderdale, Florida 33301

Re: Advanced Cable Communications, LLC  
CV07-0014

Dear Mr. Kantor:

We received your Notice of Transfer of Interest regarding CV07-0014. A State-Issued Certificate of Franchise Authority for cable and/or video service issued on 9/14/2007, to Advanced Cable Communications, LLC. Your Notice of Transfer of Interest has been accepted. An amended certificate is attached.

Further, in regards to The Federal Communication Commission's Cable Act Reform 47 C.F.R. ss. 76.952, 76.1602 and 1603. The Department of State, respectfully requests that the certificate holders omit the department's name and contact information on any billing, notice or information provided to subscribers. The department's function is in a ministerial capacity only.

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

Rebekah A. White  
Video and/or Cable Franchise Section

Encl.



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

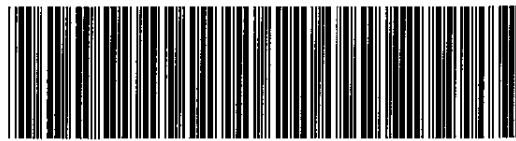
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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Office Use Only



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