

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Advanced Cable Communications, LLC identification number CV07-0014 issued on 9/14/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on October 18, 2016:

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 Eighteenth day of October 2016.



CR2EO22 (1-11)

*Ken Retzner*  
Ken Retzner  
Secretary of State

FILED

2016 OCT 18 AM 8:2

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

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

- 1) Name of Certificate holder Advanced Cable Communications, LLC
- 2) Address of Certificate holder: 12409 NW 35th Street, Coral Springs, FL 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

Broward County, Miami-Dade County and Palm Beach County

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.

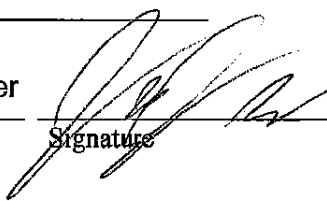
Effective Date: \_\_\_\_\_

Joseph Canavan, Chief Operating Officer

Printed Name and Title

Signature

Date

 10/7/16



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**KEN DETZNER**  
*Secretary of State*

October 18, 2016

Joseph Canavan, Chief Operating Officer  
Advanced Cable Communications, LLC  
12409 NW 35<sup>th</sup> Street  
Coral Springs, FL 33065

Re: Advanced Cable Communications, LLC  
CV07-0014

Dear Mr. Canavan:

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 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.



CV07-0011

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

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

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

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

PICK-UP     WAIT     MAIL

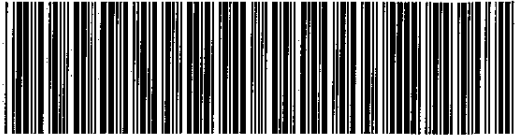
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

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