

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Oak Run Associates LTD d/b/a Decca Cable, identification number CV15-0032 issued on 1/20/2015, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 7/26/2017:

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 twenty-sixth day of July 2017.



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 Oak Run Associate LTD d/b/a DECCA Cable
- 2) Address of Certificate holder: 10983 SW 89th AVE Ocala, FL 34481

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

DECCA Cable currently services Oak Run and Pine Run Communities in SW Ocala. DECCA Cable will now be servicing the area of Kingsland Country Estate Forest Glen in SW Ocala.



- 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)

This is to notify and request to change contact person on CV15-0032 From Emilio Gonzalez and updated to Nick Ramroop. All phone numbers, mailing and email addresses to remain the same.

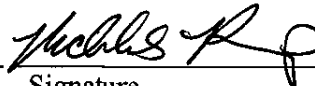


- d) Notice to Terminate Service.

Effective Date: July the 20th, 2017

Nick Ramroop, Communications Manager

Printed Name and Title



Signature

7/20/2017

Date

CF04(05/17)

Division of Corporations, Cable and/or Video Franchising
PO Box 6327, Tallahassee, Florida 32314



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

July 26, 2017

Mr. Nick Ramroop
Communications Manager
10983 SW 89th Ave
Ocala, Florida 34481

Re: Oak Run Associates LTD. d/b/a Decca Cable
CV15-0032

Dear Mr. Ramroop:

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.



CV 15-0032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

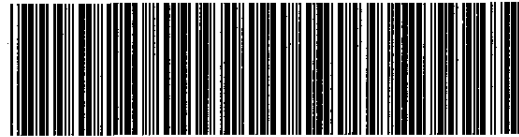
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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