

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

1. Official name of the cable or video service provider:  
Dais Communications, LLC

2. Street address of the principal place of business of the cable and/or video service provider:  
4558 35th Street  
Orlando, Florida 32811

3. Federal employer identification number or the Department of State's document number:  
45-4148899

4. Name, address, and business telephone number of an officer, partner, owner, member, manager or managing member as a contact person for the cable or video service provider to whom questions or concerns may be addressed:

Name: Mark Lipford  
Title: Manager  
Address: 4558 35th Street  
Orlando, Florida 32811  
Business telephone number: 407.996.8900

5. Names of other principal executive officers: James Zboril, Tony Butler, Craig Collin

6. 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.  
4558 35th Street  
Orlando Florida, 32811

7. 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: No change

I submit this Application for Renewal and affirm that the facts stated herein are true. I am 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.

Mark F Lipford Signature of officer, owner or Managing Member      MARK F LIPFORD Printed Name of Person Signing      12/12/17 Date

FILED  
DEC 14 AM 10:07  
TALLAHASSEE, FLORIDA



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**KEN DETZNER**  
*Secretary of State*

December 14, 2017

Ms. Melissa O'Rourke  
Contract and Regulatory Administrator  
Dais Communications, LLC  
4558 35<sup>th</sup> Street  
Orlando, Florida 32811

Re: Dais Communications, LLC  
CV12-0030

Dear Ms. O'Rourke:

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 Dais Communications, LLC will be: 02/03/2022.

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.





PHONE ▲ INTERNET ▲ CABLE TV

December 12<sup>th</sup>, 2017

Division of Corporations  
Attn: Cable Franchise Authority  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Dais Communications, LLC Cable Franchise Renewal

To Whom it May Concern,

Enclosed with this letter, please find the Application for Renewal of State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Service for **Dais Communications, LLC**.

Respectfully,

A handwritten signature in black ink that reads "Melissa O'Rourke". The signature is written in a cursive style with a large, prominent "M" and "O".

Melissa O'Rourke  
*Contract and Regulatory Administrator*

CV 12-0030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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