

## Bepartment 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 7/23/2018:

Contact information is as 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-third day of July 2018.



CR2EO22 (1-11)

En Petzner
Ken Aetzner
Secretary of State

## APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY FOR CABLE AND/OR VIDEO SERVICE 18 JUL 23 AM 6: 48

1)	Name of Certificate holder Oak Kun Associates, Ltd d/10/10 DECERTIFIALE
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
	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.
Ø	c) Other: (change of address or contact person) This is to notify and request the change of Contact person on CV15-0032 From Michael . Stalnacker to Priya Ghumman. All other information remains the same. Please also remove Michael Stalnacker as an officer.
	d) Notice to Terminate Service.  Effective Date:
	Priva Ghumman, President 7-13-18.  Printed Name and Title Signature Date

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

CF04(05/17)



RICK SCOTT

Governor

KEN DETZNER
Secretary of State

July 23, 2018

Ms. Priya Ghumman, President OakRun Associates, Ltd. d/b/a Decca Cable 10983 SW 89<sup>th</sup> Avenue Ocala, Fl. 34481

Re:

OakRun Associates Ltd. d/b/a Decca Cable

CV15-0032

Dear Ms. Ghumman:

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.





(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	:

Office Use Only



000316023860

07/23/18--01013--009 \*\*35.00

SECRETARY SPESTATE