

**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:
Mediacom Southeast LLC

2. Street address of the principal place of business of the cable and/or video service provider:
One MediacomWay
Mediacom Park, NY 10918

3. Federal employer identification number or the Department of State's document number:
06-1495508

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

Name: Bruce Gluckman
Title: Group VP, Legal Affairs & Deputy General Counsel
Address: One Mediacom Way
Mediacom Park, NY 10918

Business telephone number: 845-443-2650


5. Names of other principal executive officers: Rocco B. Commisso, Chairman & CEO
Mark Stephan, Executive VP & CFO; John Pascarelli, Executive VP of Operations

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.

Mediacom Southeast LLC
1613 Nantahala Beach Rd
Gulf Breeze Florida, 32563

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.


Signature of officer, owner or Managing Member

Bruce Gluckman
Printed Name of Person Signing

11/28/08
Date

FILED
NOV 27 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

November 27, 2018

Ms. Lauren Predmore
Mediacom Communications Corporation
One Mediacom Way
Mediacom Park, New York 10918

Re: Mediacom Southeast LLC
CV09-0023

Dear Ms. Predmore:

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 Mediacom Southeast LLC will be: 2/9/2024.

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.





Lauren Predmore
Paralegal, Legal Affairs

November 20, 2018

Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

Re: Application for renewal of state-issued certificate of franchise authority to provide cable and/or video service

Dear Sir or Madam:

On behalf of Mediacom Southeast LLC ("Mediacom"), enclosed please find an application for renewal of its state-issued certificate of franchise authority (CV09-0023), which was originally issued to Mediacom on February 2, 2009. In addition, enclosed is a check in the amount of \$1,035.00, representing the required processing fee.

Please do not hesitate to contact me using the information below if you have any questions or concerns.

Sincerely,

Lauren Predmore
Lauren Predmore

Enclosure

CNO9-003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

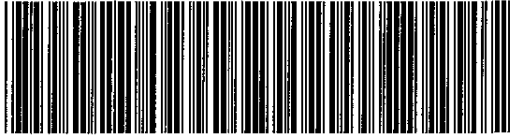
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 NOV 27 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL