

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Smart City Television, L.L.C., identification number CV07-0001 issued on 7/2/2007, is hereby granted authority to provide cable and/or video service in the following service area:

Smart City Telecom Celebration, Florida wire center located in Osceola County, Florida.

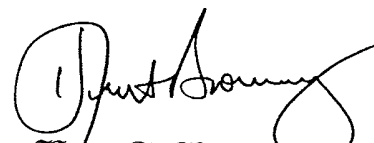
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Second day of July, 2007



CR2EO22 (01-07)


Kurt S. Brantley
Secretary of State



FLORIDA DEPARTMENT *of* STATE

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

- A. Official name of the cable or video service provider:
Smart City Television LLC

- B. Street address of the principal place of business of the cable and/or video service provider:
3100 Bonnet Creek Road, Lake Buena Vista, Florida 32830

- C. Federal employer identification number or the Department of State's document number:
20-4180969

- D. Name, address, and business telephone number of an officer, partner, owner, member, or manager as a contact person for the cable or video service provider to whom questions or concerns may be addressed:
- Name: Lynn B. Hall
Title: Director - Contracts and Support Services
Address: 3100 Bonnet Creek Road, P.O. Box 22555, Lake Buena Vista, Florida 32830-2555

- Business telephone number: (407) 828-6730

- E. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

This application and affidavit must be submitted with an application fee of \$10,000.00 and an accompanying fee of \$35.00 and mailed to the State-Issued Certificate of Franchise Authority for Cable and/or Video Service, Division of Corporations, Post Office Box 5678, Tallahassee, Florida 32314 or hand delivered to the Public Service Center, Division of Corporations, Clifton Building, 2661 Executive Center Circle, Tallahassee, Florida 32301.

Division of Corporations, Cable and/or Video Franchising
Post Office Box 5678, Tallahassee, Florida 32314

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

I, Michael C. Anderson, am employed with Smart City Television LLC in an official capacity as (officer, partner, owner, managing member) President and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is: The Applicant's service area for purposes of this application will be the Smart City Telecommunications LLC d/b/a Smart City Telecom Celebration, Florida wire center, located in Osceola County, Florida, as depicted on the Exchange Service Area Map for the Celebration Exchange attached hereto as Exhibit A.

6) Applicant's principal place of business: 3100 Bonnet Creek Road, P.O. Box 22555, Lake Buena Vista, Florida 32830-2555

Names of the applicant's principal executive officers: Michael C. Anderson

Physical address sufficient for purposes of Chapter 48, Florida Statutes: The Applicant's physical address is 3100 Bonnet Creek Road, Lake Buena Vista, Florida 32830 and our normal business hours are 8:00 a.m. to 5:00 p.m., EST., Monday through Friday. The Applicant's Registered Agent and office is NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, FL 33331.

- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five business days after first providing service in each area described.
8) The applicant will notify the Department of State of any change of address or contact person.
9) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Handwritten signature of Michael C. Anderson

Signature
Michael C. Anderson - President

Printed Name and Title

Sworn to affirmed and subscribed before me on this 15 day of June, 20 07, By Michael C. Anderson, personally known X or produced identification

(Name of Affiant)

type of identification produced Known Personally

Print, type or stamp name of notary and commission expiration

Notary Public In and For the State of Florida

Handwritten signature of Gale L. Springsteen

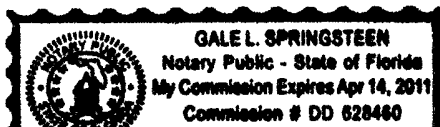


EXHIBIT A
GENERAL EXCHANGE TARIFF

SMART CITY TELECOMMUNICATIONS LLC
d/b/a/ SMART CITY TELECOM

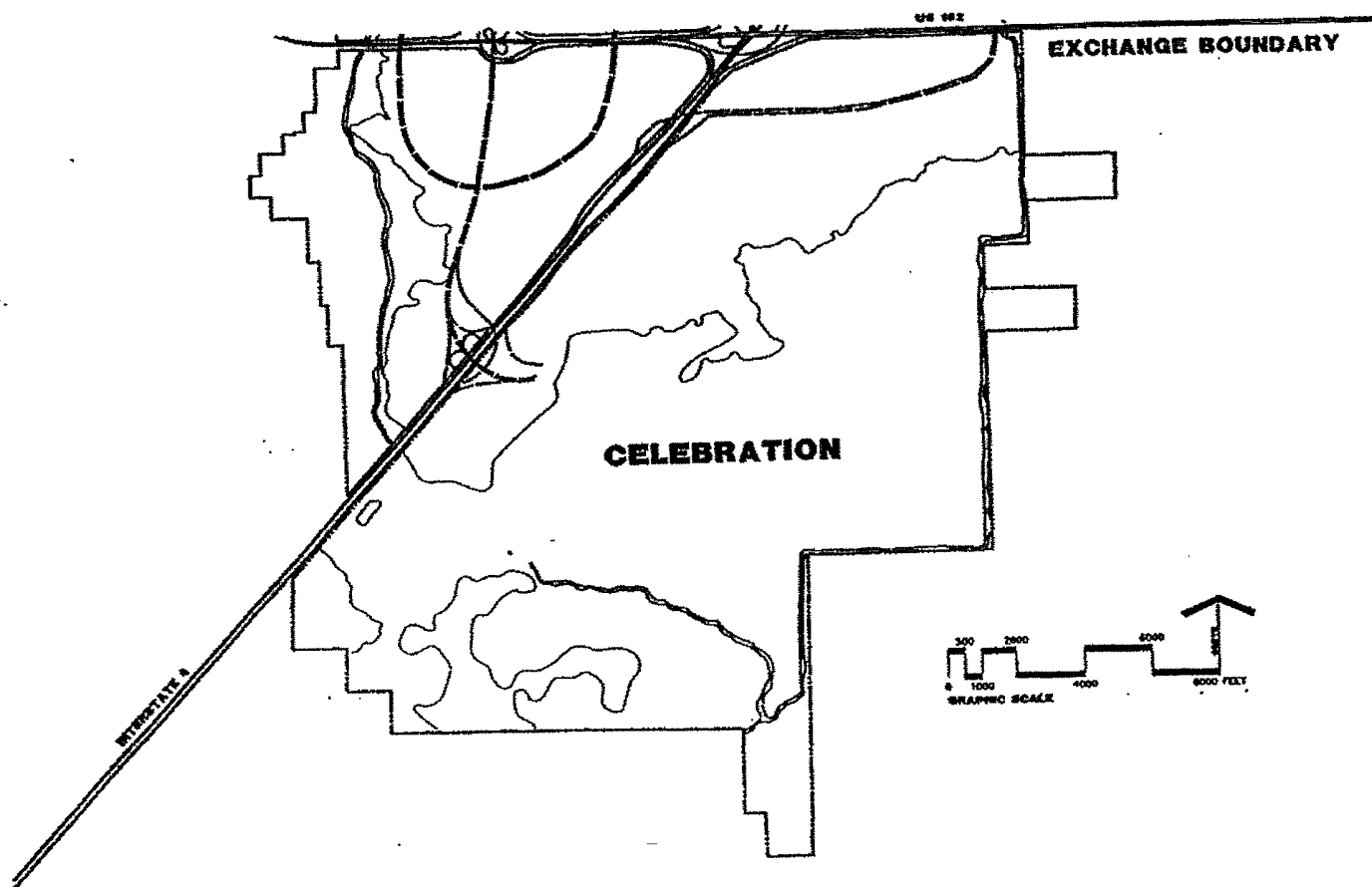
SUPPLEMENT SECTION A3
1st Revised Sheet 3
Canceling Original Sheet 3

ISSUED: April 16, 1996
BY: JAMES T. SCHUMACHER-
MANAGER, BUSINESS AFFAIRS

EFFECTIVE: May 1, 1996

EXCHANGE SERVICE AREA MAP

CELEBRATION EXCHANGE



[Empty rectangular box]

(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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