

State of Florida



Department of State

Certificate of Franchise Authority

I certify that James Cable, L.L.C. d/b/a CommuniComm Services, identification number CV07-0018, issued on 11/19/2007, is hereby granted authority to provide cable and/or video service in the following service area(s):

City of Chiefland, Town of Branford, City of High Springs, Town of Cross City, Town of McIntosh, City of Reddick, City of Alachua, Town of Micanopy, City of Hawthorne, Steinhatchee (unincorporated), portions of Taylor County, portions of Dixie County, portions of Alachua County, portions of Marion County, portions of Levy County, portions of Suwannee County.

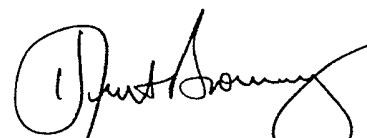
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Nineteenth day of November, 2007



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT of STATE

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CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:
James Cable LLC, d/b/a CommuniComm Services

- B. Street address of the principal place of business of the cable and/or video service provider:
901 Tower Drive
Suite 310
Troy, MI 48098

- C. Federal employer identification number or the Department of State's document number:
38-2778219

- 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: Dan Shoemaker
Title: CFO
Address: 901 Tower Drive
Suite 310
Troy, MI 48098
Business telephone number: (248) 641-1770

- 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 at the following address:

MAILING ADDRESS:
Cable and/or Video Franchising
Division of Corporations
PO Box 5678
Tallahassee, Florida 32314

STREET ADDRESS:
Cable and/or Video Franchising
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

E. (State- Issued Cable Franchise)

STATE OF Michigan
COUNTY OF Oakland

AFFIDAVIT

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I, Daniel Shoemaker, am employed with James Cable LLC in an official capacity as of 2007 NOV 13 PM 1:52
attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following
statements are true and correct:

2007 NOV 13 PM 1:52
CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- 1) The applicant is fully qualified under the provisions of Chapter 610, F.S., 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 services 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, F.S., or other applicable state law.
- 4) The applicant agrees to comply with all the 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, F.S.
- 5) The description of the service area consistent with s. 610.104 (2)(e) 5a & b, F.S., for which the applicant seeks a certificate of franchise authority is:

City of Chiefland, Town of Branford, City of High Springs, Town of Cross City, Town of McIntosh, City of Reddick, City of Alachua, Town of Micanopy, City of Hawthorne, Steinhatchee (unincorporated), portions of Taylor County, portions of Dixie County, portions of Alachua County, portions of Marion County, portions of Levy County, portions of Suwannee County.

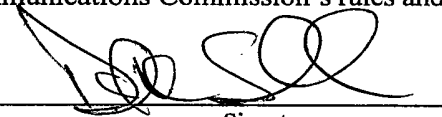
6) Applicant's principal place of business: 901 Tower Drive, Suite 310 Troy, MI 48098

Names of the applicant's principal executive officers: Kate Adams – Chief Executive Officer, Daniel Shoemaker – Chief Financial Officer

Street Address sufficient for purposes of Chapter 48, F.S.:
CT Corporation System, 1200 South Pine Island Road, Plantation, FL 33324


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

Daniel Shoemaker
Printed Name and Title

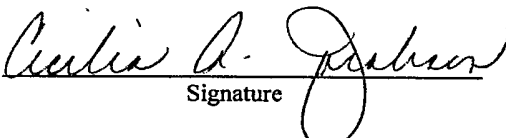

Signature

Sworn to affirm and subscribe before me on this 9th day of November, 2007, by DANIEL K. SHOEMAKER
 Personally known OR Produced Identification (Name of Affiant)

Type of Identification Produced: _____


CECILIA A. JACOBSON, NOTARY PUBLIC
OAKLAND COUNTY, STATE OF MICHIGAN
Name of Notary Public and County
MY COMMISSION EXPIRES 11/20/08

Notary Public In and For the State of OAKLAND
CF02 (7/07)


Signature

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

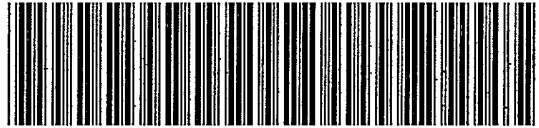
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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