

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Litestream Holdings, LLC, identification number CV09-0025, issued on 03/18/2009, is hereby granted authority to provide cable and/or video service in the following service area(s):

State of Florida-Current Service Areas: St. Johns County, Clay County, Indian River County, St Lucie County.

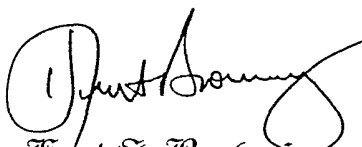
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Eighteenth day of March, 2009.



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



**FLORIDA DEPARTMENT OF STATE**

RECEIVED  
2009 MAR 18 AM 11:5  
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:  
Litestream Holdings, LLC.  
\_\_\_\_\_  
\_\_\_\_\_
- B. Street address of the principal place of business of the cable and/or video service provider:  
500 S Australian Ave, ste 120  
West Palm Beach, FL 33401  
\_\_\_\_\_
- C. Federal employer identification number or the Department of State's document number:  
20-1190153  
\_\_\_\_\_
- 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: Tim Hohman  
Title: General Manager  
Address: 280 Business Park Circle, ste 412  
St. Augustine, FL 32095  
\_\_\_\_\_  
  
Business telephone number: 904-940-9525  
\_\_\_\_\_
- 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 Florida  
COUNTY OF Palm Beach

**AFFIDAVIT**

I, Paul Rhodes, am employed with Litestream Holdings, LLC. in an official capacity as (officer, partner, owner, managing member) CEO 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, 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:

State of Florida - Current Service Areas: St. Johns County, Clay County, Indian River County, St. Lucie County.

6) Applicant's principal place of business: 500 S Australian Ave Ste 120, West Palm Beach, FL 33401 (Corporate Office)  
280 Business Park Circle, Ste 412, St. Augustine, FL 32095 (Operations Office)

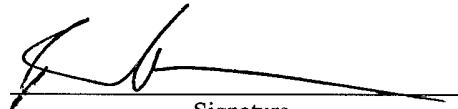
Names of the applicant's principal executive officers: Paul Rhodes, CEO

Street Address sufficient for purposes of Chapter 48, F.S.: 500 S Australian Ave Ste 120, West Palm Beach, FL 33401 (Corporate Office)

- 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.

Paul Rhodes, CEO

Printed Name and Title

  
Signature

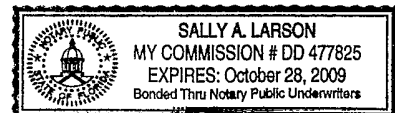
Sworn to affirm and subscribe before me on this 5<sup>th</sup> day of March, 2009, by Paul Rhodes

Personally known OR  Produced Identification

(Name of Affiant)

Type of Identification Produced: \_\_\_\_\_

Sally Larson Sally Larson  
Name of Notary Public and Commission Expiration Date



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

Sally Larson  
Signature



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**CHARLIE CRIST**  
*Governor*

**KURT S. BROWNING**  
*Secretary of State*

March 18, 2009

Tim Hohman  
General Manager  
Litestream Holdings, LLC  
280 Business Park Circle Ste. 412  
St. Augustine, Florida 32095

Re: Litestream Holdings, LLC  
CV09-0025

Dear Mr. Hohman:

Your application and affidavit for a State-Issued Certificate of Franchise Authority for cable and/or video service has been accepted and processed. Enclosed is your Certificate of Franchise Authority.

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. In 2009 the Department of Agriculture and Consumer Services will be 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  
Enclosures





RECEIVED

2009 MAR 18 AM 11:32

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

March 17, 2009

Florida Dept of State  
State Issued Certificate of Franchise Authority  
For Cable and/or Video Service  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

RE: Application for a State-Issued Certificate of Franchise

Dear Sir or Madam:

Please find enclosed our Application and Affidavit to provide cable and/or video service in Florida, along with the \$10,035 application fee.

Sincerely,

Sally Larson

/sal

Enclosures

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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

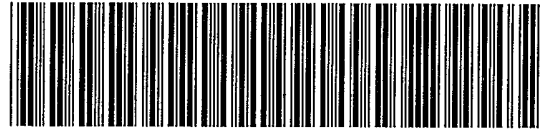
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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