

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Marco Island Cable Inc, identification number CV12-0031, issued on 03/21/2012, is hereby granted authority to provide cable and/or video service in the following service area(s):

Service areas are 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 first day of March, 2012.



CR2EO22 (1-11)

*Ken Detzner*  
Ken Detzner  
Secretary of State



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FLORIDA DEPARTMENT OF STATE

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: Marco Island Cable, INC.
B. Street address of the principal place of business of the cable and/or video service provider: 914B Park Avenue Marco Island, FL 34145
C. Federal employer identification number or the Department of State's document number: 65-0438593
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: William R. Gaston, Sr. Title: President Address: 914 B Park Avenue Marco Islands, FL 34145 Business telephone number: 239-642-4545
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 COLLIER

**AFFIDAVIT**

I, WILLIAM R. GASTON, am employed with MARCO ISLAND CABLE, INC. in an official capacity as 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, 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:

The unincorporated areas of Lee County; the unincorporated areas of Collier County, the City of Marco Island, FL the city of Naples, FL, the city of Bonita Springs, FL and the City of Fort Myers, FL.

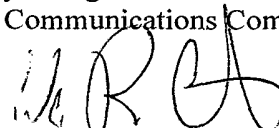
6) Applicant's principal place of business: 914 B Park Avenue, Marco Island, FL 34145

Names of the applicant's principal executive officers: William R. Gaston, President

Street Address sufficient for purposes of Chapter 48, F.S.: 914 B Park Avenue, Marco Island, FL 34145

- 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.

William R. Gaston, President  
Printed Name and Title

  
Signature

Sworn to affirm and subscribe before me on this 20 day of March, 2012, by Bill Gaston  
 Personally known OR  Produced Identification (Name of Affiant)

Type of Identification Produced: Driver license

Sharon Krohn July 2, 2012  
Name of Notary Public and Commission Expiration Date



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

  
Signature



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**Ken Detzner**  
*Secretary of State*

March 21, 2012

William R. Gaston Sr.  
President  
Marco Island Cable Inc.  
914B Park Avenue  
Marco Island, Florida 34145

Re: Marco Island Cable Inc.  
CV12-0031

Dear Mr. Gaston:

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. 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  
Enclosures



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

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

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

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

PICK-UP     WAIT     MAIL

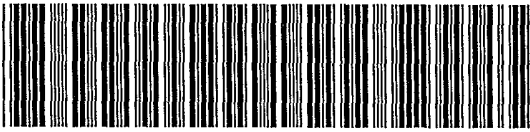
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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

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