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

1) Name of Certificate holder Comcast Cable Communications, L.L.C.

2) Address of Certificate holder: One Comcast Center 1701 John F. Kennedy Blvd. Philadelphia, PA 19103

3) Statement of Amendment(s):

☑ a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional areas. Please provide a description of the new service area consistent with s.610.104(2)(e)5 Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas.) List existing areas first and new areas last. Use attached pages if necessary

Please see attached Document for changes to Officers

FILED
2025 JUL 30 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

☑ c) Other: (change of address or contact person)
Michelle Oyola McGovern, Vice President of Government & Regulatory Affairs
Comcast Cable
1401 Northpoint Parkway
West Palm Beach, FL 33407

☐ d) Notice to Terminate Service.
Effective Date:_____

Michelle Oyola McGovern — Michelle Oyola 7/15/2025

Printed Name and Title — Signature — Date

Division of Corporations, Cable and/or Video Franchising
PO Box 6327, Tallahassee, Florida 32314

COMCAST

Requested Changes

Officers

Please Update:

Brian L. Roberts, Chairman

to

Brian L. Roberts, Chairman & CEO

Please Remove:

Dave Watson, President & CEO

Bill Conners, President-Central Divison

Amy Smith, Senior Vice President-Florida Region

Please Add:

Michael J. Cavanagh, President

Christine E. Whitaker, President, Central Division

Jeffrey M. Buzzelli, Senior Vice President – Florida Region

COMCAST

July 15, 2025

SENT VIA UPS NEXT DAY AIR
DELIVERY CONFIRMATION REQUESTED
SIGNATURE REQUIRED

Ms. Melanie Solomon
Division of Corporations Cable and/or Video Franchising
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Comcast Cable Communications, LLC
CV07-0009

Dear Ms. Solomon:

Please find enclosed: 1) An Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service; and 2) A check in the amount of $35 made payable to the Florida Department of State.

At your earliest convenience, please forward an amended certificate to my attention at the address above. If you should have any questions regarding this matter, please do not hesitate to contact me by phone at (561) 701-3637 or by email at Michelle_McGovern@comcast.com.

Sincerely,

Michelle Oyola McGovern
Vice President- External Affairs
Florida Region

Enclosures

FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

July 30, 2025

Ms. Michelle Oyola McGovern
Vice President-External Affairs
Comcast Cable Communications, LLC
1401 Northpoint Parkway
West Palm Beach, Florida 33407

Re: Comcast Cable Communications, LLC
CV07-0009

Dear Ms. McGovern:

We received your request to amend your State-Issued Certificate of Franchise Authority for cable and/or video service. Your amendment has been accepted.

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 Lefeavers
Video and/or Cable Franchise Section

Encl.

CV07-0009

(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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TALLAHASSEE, FLORIDA