State of Florida

Department of State

Certificate of Franchise Authority

I certify that Comcast Cable Communications, LLC identification number CV07-0009 issued on 7/10/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 10/13/2026:

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 Thirteenth day of October 2026.

Cord Byrd
Secretary of State

CR2E022 (01-11)

Any further inquiries concerning this matter should be directed to the Cable and/or Video Franchising Section by calling (850) 245-6010 between the hours of 8:00am- 5:00pm or writing to the address above.

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

1) Name of Certificate holder Comcast Cable Communications, LLC

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

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

provided in attachment A.

FILED
2026 OCT 13 AM 2:07
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)

☐ d) Notice to Terminate Service.

Effective Date: _____

Michelle Oyola McGovern, Vice President, Government Affairs 9/17/2026

Printed Name and Title | Signature | Date

Division of Corporations, Cable and/or Video Franchising

CF04(05/17) PO Box 6327, Tallahassee, Florida 32314

	Existing Area ("E") or New Area ("N) Under State Certificate	Service Area (Comcast serves each of the listed communities pursuant to a locally issued franchise. The service area will be co-extensive with the descriptions contained in those agreements.)	ills	Currentl y Served (Y/N)
334	E	Miami Gardens	Comcast Cable Communications Management, LLC	Y
335	E	Fort White	Comcast Cable Communications Management, LLC	Y
336	E	Hampton	Comcast Cable Communications Management, LLC	Y
337	E	Lawtey	Comcast Cable Communications Management, LLC	Y
338	E	Penney Farms	Comcast Cable Communications Management, LLC	Y
339	E	Marineland	Comcast Cable Communications Management, LLC	Y
340	E	Havana	Comcast Cable Communications Management, LLC	Y
341	E	Bristol	Comcast Cable Communications Management, LLC	Y
342	E	Hosford	Comcast Cable Communications Management, LLC	Y
343	E	Blountstown	Comcast Cable Communications Management, LLC	Y
344	E	Seminole County	Comcast Cable Communications Management, LLC	Y
345	E	City of Lake Mary	Comcast Cable Communications Management, LLC	Y
346	E	Okeechobee County	Comcast Cable Communications Management, LLC	Y
347	**N**	**City of Longwood**	**Comcast Cable Communications Management, LLC**	**Y**
348	**N**	**Altamonte Springs**	**Comcast Cable Communications Management, LLC**	**Y**
349	**N**	**Westlake**	**Comcast Cable Communications Management, LLC**	**Y**
350	**N**	**Lake Worth Beach**	**Comcast Cable Communications Management, LLC**	**Y**
351	**N**	**Indiantown Village**	**Comcast Cable Communications Management, LLC**	**Y**
352	**N**	**St. Lucie Village**	**Comcast Cable Communications Management, LLC**	**Y**

FLORIDA DEPARTMENT of STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

October 13, 2026

Ms. Michelle Oyola McGovern
Vice President-External Affairs
Comcast Cable Communications, LLC
One Comcast Center, 1701 John F. Kennedy Blvd.
Philadelphia, PA 19103

Re: Comcast Cable Communications, LLC
CV07-0009

Dear Ms. Oyola 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. An amended certificate is attached.

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.

Sept 17, 2026

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

RECEIVED
OCT 13 2026

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 _____

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