

State of Florida



Department of State

Certificate of Franchise Authority

I certify that TPC Broadband Holdings, LLC identification number CV07-0014
Issued on 09/14/07, is hereby granted authority to provide cable and/or video
service in the following service area(s) as amended on 10/01/2021:

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 Fifth day of October 1, 2021.



Laurel M. Lee

Secretary of State

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

- 1) Name of Certificate holder TPC BROADBAND HOLDINGS, LLC
- 2) Address of Certificate holder: 860 Washington Street 6th Floor New York, New York 100

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

TPC Broadband Holdings, LLC, through its affiliate, Blue Stream Communicaitons, LLC, is presently servicing the following Counties: Brevard, Broward, Charlotte, Collier, Hillsborough, Indian River, Lee, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Sarasota, St. Johns and St. Lucie; New areas/counties include: Duvall, Manatee and Marion.

- ☐ 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: _____

Joseph Canavan, CEO

Printed Name and Title


Signature

9/30/21
Date

CF04(05/17)

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



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RON DESANTIS
Governor

LAUREL M. LEE
Secretary of State

October 1, 2021

Joseph Canavan
Chief Executive Officer
TPC Broadband Holdings, LLC
860 Washington Street 6th Floor
New York, New York 10014

Re: TPC Broadband Holdings, LLC
CV07-0014

Dear Mr. Canavan:

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 White
Video and/or Cable Franchise Section

Encl.



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

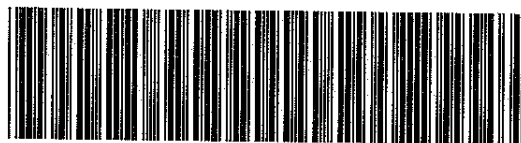
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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