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

- 1) Name of Certificate holder Home Town Cable TV of Ft. Pierce, L.L.C., ID No. CV07-0019
- 2) Address of Certificate holder: 10486 Southwest Village Center Drive Port St. Lucie, Florida 34987
- 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
- ☐ 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)
- No service has been offered under this franchise. The holder is returning the franchise for cancellation.
- ☒ d) Notice to Terminate Service.
- Effective Date: August 1, 2017

Mitchell Rubenstein, Managing Member and President

Printed Name and Title

Mitchell Rubenstein

Signature

08-04-17

Date



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

August 23, 2017

Mr. Mitchell Rubenstein
Managing Member and President
Hometown Cable TV of Ft. Pierce, LLC
10486 Southwest Village Center Drive
Port St. Lucie, Florida 34987

Re: Hometown Cable TV of Ft. Pierce, LLC
CV07-0019

Dear Mr. Rubenstein:

We received your request to terminate your State-Issued Certificate of Franchise Authority for cable and/or video service. Your Notice to Terminate Service 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 White
Video and/or Cable Franchise Section

Encl.



Home Town Cable TV of Ft. Pierce, L.L.C.

Submission as of June 9, 2017 for Cancellation and Termination of State-issued Certificate of Franchise Authority to Provide Cable and/or Video Service (CV07-0019):
City of Ft. Pierce, Florida and the Unincorporated Part of St. Lucie County, Florida

To: Ms. Rebekah A. White
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Mitchell Rubenstein, Managing Member

Date: August 4, 2017

Pursuant to Section 610.104(8) of the Florida Statutes, Home Town Cable TV of Ft. Pierce, L.L.C. (ID No.) ("Home Town/Ft. Pierce"), the holder of cable franchise CV07-0019 submits this Notice of Termination and Cancellation of its State-issued Certificate of Franchise Authority to provide cable service to the City of Ft. Pierce, Florida and the Unincorporated Part of St. Lucie County, Florida. No service has been provided under this franchise. This Notice of Termination shall not affect Certificate of Franchise Authority No. CV16-0035, issued July 10, 2017 to Home Town Cable TV, LLC which is a separate entity.

Enclosed please find (1) an Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service, completed as a Notice to Terminate for CV07-0019, signed on behalf of Home Town/Ft. Pierce; and (2) a check made payable to the Department of State in the amount of Thirty-Five Dollars (\$35.00).

RECEIVED
17 AUG 22 PM 2:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

007-0019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

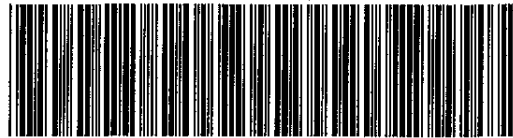
(Business Entity Name)

(Document Number)

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