

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Hotwire Communications, LLC identification number CV07-0005 issued on 7/02/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 10/23/2013:

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 Third day of October 2013.



CR2EO22 (1-11)

Ken Detzner
Ken Detzner
Secretary of State

FILED

2013 OCT 23 AM 8:06

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

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- 1) Name of Certificate holder Hotwire Communications, LLC
- 2) Address of Certificate holder: 1 Belmont Ave, Suite 1100, Bala Cynwyd, PA 19004
- 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 Exhibit A.



- 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: _____

Craig H. Pizer, General Counsel
Printed Name and Title

[Signature]
Signature

10/17/13
Date

EXHIBIT A

Service Areas for which Hotwire Communications, LLC
Already has a certificate of franchise authority

In Miami-Dade County

City of Aventura
City of Coral Gables
City of Doral
City of Miami
City of North Miami
City of North Miami Beach
City of South Miami
City of Sunny Isles Beach
City of West Miami
North Bay Village
City of Miami Beach
Village of Bal Harbour
Town of Surfside

In Broward County

City of Coconut Creek
City of Fort Lauderdale
City of Lauderdale Lakes
City of Tamarac
City of North Lauderdale
City of Hollywood
City of Hallendale Beach

Town of Pembroke Pines
City of Miramar

In Palm Beach County

City of Boca Raton
City of Boynton Beach
City of Greenacres
Town of Palm Beach
City of Riviera Beach
Palm Beach County
City of West Palm Beach
City of Palm Beach Gardens

In Hillsborough County

Hillsborough County
City of Tampa

In Orange County

City of Orlando

In Volusia County

City of Holly Hill

New Additional Area:

In Lee County

City of Fort Myers

Town of Fort Myers Beach

City of Bonita Springs

City of Cape Coral

Portions of Lee County (unincorporated)

In Collier County

City of Naples

Portions of Collier County (unincorporated)

In Hendry County

Portions of Hendry County (unincorporated)

In Miami Dade County

Portions of Miami Dade County (unincorporated)

In Broward County

Portions of Broward County (unincorporated)

In Palm Beach County

Portions of Palm Beach County (unincorporated)

In Hillsborough County

Portions of Hillsborough County (unincorporated)

In Orange County

Portions of Orange County (unincorporated)

In Volusia County

Portions of Volusia County (unincorporated)



WWW.GETHOTWIRED.COM

October 4, 2013

Florida Department of State
Cable and/or Video Franchising
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Hotwire Communications, LLC
Application to Amend a State-Issued Certificate of Franchise Authority for
Cable and/or Video Service

To Whom It May Concern:

Please find Hotwire Communications, LLC's completed application to amend a State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Service and a check in the amount of \$35.00 for the amendment filing fee.

Please do not hesitate to contact me with any questions.

Best regards,

Jonathan Bullock

cc: Kristin Johnson, President, Hotwire Communications
Craig Pizer, General Counsel, Hotwire Communications



**STATE OF FLORIDA
DEPARTMENT OF STATE**

RICK SCOTT
Governor

KEN DETZNER
Secretary of State

November 5, 2012

Mr. Jonathan Bullock
Hotwire Communications, LLC
One Belmont Ave, Suite 1100
Bala Cynwyd, PA 19004

Re: Hotwire Communications, LLC
CV07-0005

Dear Mr. Bullock:

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.



CND7-DX5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

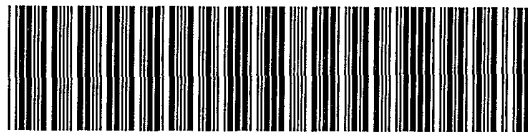
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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