



Department of State

Certificate of Franchise Authority

I certify that CoxCom, Inc., identification number CV07-0012 issued on 8/21/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 05/29/08:

Escambia County, Florida; Pensacola, Florida; Gainesville, Florida; Alachua County, Florida; Alachua, Florida; Marion County, Florida; Ocala Florida; Newberry, Florida;

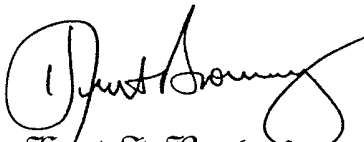
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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-Ninth day of May, 2008



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



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

FLORIDA DEPARTMENT of STATE

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

- 1) Name of Certificate holder: CoxCom, Inc.
- 2) Address of Certificate holder: 1400 Lake Hearn Drive, Atlanta, Georgia 30319
- 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 area. 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.)

Existing Service Areas:

Escambia County, Florida
Pensacola, Florida

Additional Service Areas:

Gainesville, Florida (Effective Date - Upon Approval*)
Alachua County, Florida (Effective Date - Upon Approval*)
Alachua, Florida (Effective Date - Upon Approval*)
Marion County, Florida (Effective Date - Upon Approval*)
Ocala, Florida (Effective Date - Upon Approval*)
Newberry, Florida (Effective Date - Upon Approval*)

*Effective Date: Each Additional Service Area is currently provided Cox cable television service under the authority of a local cable franchise agreement. Upon the date of approval of CoxCom, Inc.'s amendment to its state issued Certificate of Franchise Authority (CV07-0012 issued on 08-21-07) to include the additional service areas listed herein, Cox will continue providing services under the authority granted by this filing.

- _____ 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: _____

Division of Corporations, Cable and/or Video Franchising
Post Office Box 5678, Tallahassee, Florida 32314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

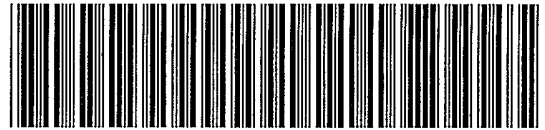
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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