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

| Offi Knok | cial name of the cable or video service ogy, Inc., including its subsidiaries, Knology of Floric | e provider: a, LLC and Knology of C | 2012 DEC -4 entral Florida, Inc. | AM 11: 04 |
|-----------------------|--|--|-------------------------------------|-----------------|
| | | | CABLE AND | OR VIDEO |
| | | | FRANCH DIVISION OF CO | |
| | | | TALLAHASSE | E, FLORIDA |
| | et address of the principal place of bus O.G. Skinner Drive, West Point, GA 31833 | siness of the cable | and/or video se | ervice provider |
| Fede | eral employer identification number of | the Department c | of State's docum | nent number: |
| 58-24 | 24258 | | | |
| man | ne, address, and business telephone nu ger or managing member as a contact m questions or concerns may be addre | person for the cab | | |
| Nam | e: Bruce Schoonover | | | |
| | : Director of Regulatory Affairs | | | |
| Add | ress: 1241 O.G. Skinner Drive | | | |
| | West Point, GA 31833 | | | |
| Nan | ness telephone number: (706) 645-3966 es of other principal executive officer Cochran, President Craig Martin, Genera | es: Colleen Abdoulah, C | EO and Chairwoman | of the Board |
| purp | da street address for, or on behalf of, oses of service of process as required | | | ient for |
| | ration Service Center | | • | |
| | Hays Street assee Florida, 3230 | | | |
| Serv area the c | ice Area: On an attached page, list an that is different from what is currently urrent service area is correctly listed to NO CHANGE | y change to the ca | Division of Corp | orations. If |
| awar | mit this Application for Renewal and e that any false information submitted titutes a third degree felony as provided. | l in a document to | the Department | |
| \leq | Bruce Sch | oonover | | 11/30/2012 |
| AF of | icer, owner or Managing Member | Printed Name of Person | n Signing | Date |

CF05 (4/12)



Governor

KEN DETZNER
Secretary of State

December 4, 2012

Mr. Bruce Schoonover Director of Regulatory Affairs Knology, Inc. 1241 O.G. Skinner Drive West Point, GA 31833

Re:

Knology, Inc. CV08-0020

Dear Mr. Schoonover:

We have received and filed your application for renewal of your State-Issued Certificate of Franchise Authority for cable and/or video service. A file stamped copy of your renewal application is attached for your records. Please be advised, a renewal application and fee of \$1035.00 is due every five years. The next Renewal Date for Knology, Inc. will be: 01/09/2018.

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.





November 30, 2012

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

RE: Updated Application by Knology, Inc., For State-Issued Certificate of

Franchise Authority To Provide Cable And/Or Video Service

Dear Ms. Solomon:

Thank you for sending us the link to the correct Application for Renewal, please find the updated application enclosed along with a check in the amount of \$35.00 to cover the remainder of the processing fee.

If you should have any questions or require further information regarding this application, please don't hesitate to contact me directly at (706) 634-6762 or Bruce Schoonover at (706) 645-3966

Sincerely,

Melissa Marks

Regulatory Department

elissa Marks

Knology, Inc.

Enclosures



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

| Stro 124 | eet address of the principal place of business of the cable and/or video service provided 1 O.G. Skinner Drive, West Point, Georgia 31833 |
|-------------|---|
| | |
| | leral employer identification number or the Department of State's document number: 2424258 |
| mai | me, address, and business telephone number of an officer, partner, owner, member, or nager as a contact person for the cable or video service provider to whom questions or cerns may be addressed: |
| Nai | me: Bruce Schoonover |
| | e: Director of Regulatory Affairs |
| Δd | dress: 1241 O.G. Skinner Drive |
| ZLU | |

E. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

This application and affidavit must be submitted with an application fee of \$10,000.00 and an accompanying fee of \$35.00 and mailed to the State-Issued Certificate of Franchise Authority for Cable and/or Video Service at the following address:

MAILING ADDRESS:

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

STREET ADDRESS:

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

CF01 (6/07)



RICK SCOTT

Governor

KEN DETZNER
Secretary of State

November 27, 2012

Mr. Bruce Schoonover Director of Regulatory Affairs Knology 1241 O.G. Skinner Drive West Point, Georgia 31833

Re:

Knology, Inc. CV08-0020

Dear Mr. Schoonover:

Your correspondence requesting a Renewal of your state issued Certificate of Franchise Authority for Cable and/or Video Service has been rejected for the following reason(s):

- 1) The check we received is in the amount of \$1,000.00. The total filing fee for renewal of certificate of franchise authority is \$1,035.00. Please send an additional check in the amount of \$35.00 for the remainder of the filing fee.
- 2) The form you have submitted is the wrong form. To renew your certificate of franchise authority, you will need to submit the Application for Renewal of State Issued Certificate of Franchise Authority. I have enclosed this form for your convenience, along with a self addressed return envelope. For quicker response time, please return your completed documents and check to my attention.

If you have additional questions or need further assistance, please call us at (850) 245-6010.

Rebekah A. White Cable and/or Video Franchise Section

Enclosures





November 16, 2012

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

RE: Updated Application by Knology, Inc., For State-Issued Certificate of Franchise Authority To Provide Cable And/Or Video Service

Dear Ms. Solomon:

Enclosed please find an updated application, by Knology, Inc., on behalf of itself and its subsidiaries, Knology of Florida, LLC. and Knology of Central Florida, Inc., (collectively "Knology") to renew the state issued Certificate of Franchise Authority to provide cable and/or video service in specified areas in Florida, consistent with the requirements of Chapter 610.104(12). Included with the Application is a check in the amount of One-Thousand (\$1,000) Dollars, payable to the Department of State for the processing fee. The original Certificate was issued on January 9, 2008.

If you should have any questions or require further information regarding this application, please don't hesitate to contact me directly at (706) 645-3966 or email at bruce.schoonover@knology.com.

Sincerely,

Brace Schoonover

Director of Regulatory Affairs

Knology, Inc.

Enclosures

(NO&0050

| (Requestor's Name) | | | |
|---|----------------------------|--|--|
| (Address) | 600184829476 | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | 12/04/1201015001 **1000.00 | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | 12/04/1201015002 **35.00 | | |
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Office Use Only