State of Florida

Department of State

Certificate of Franchise Authority

I certify that GTC, Inc. d/b/a FairPoint Communications, identification number CV08-0021 issued on 7/10/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 11/29/10:

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 ninth day of November, 2010.

Dawn K. Roberts

Dawn K. Roberts
Secretary of State

CR2E022 (01-07)

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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: GTC, Inc. d/b/a FairPoint Communications ID # CV08-0021

2) Address of Certificate holder: 502 Cecil G. Costin Sr, Blvd, Port St. Joe, FL 32456

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.)Each and every wire Center located in the following exchanges Alligator Point, Apalachicola, Altha, Beaches, Blountstown, Bristol, Carrabelle, Chattahoochee, Eastpoint, Hosford, Port St. Joe, St. George Island, Tyndall AFB, Wewahitchka, Perry and Keaton Beach

☐ 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: _____

Kerry Anthony - Director Operations SE — Printed Name and Title

Kerry Anthony — Signature

11/22/2010 — Date

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

CF04 (06/10)

STATE OF FLORIDA
DEPARTMENT OF STATE

CHARLIE CRIST
Governor

DAWN K. ROBERTS
Interim Secretary of State

November 29, 2010

Kerry Anthony
Director Operations SE
GTC, Inc. d/b/a FairPoint Communications
502 Cecil G. Costin Sr., Blvd.
Port St Joe, FL. 32456

Re: FairPoint Communications
CV08-0021

Dear Mr. Anthony:

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 are 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 ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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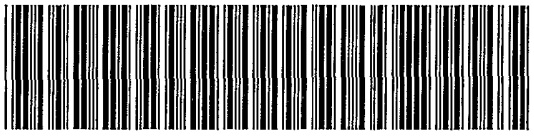

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