



Department of State

*Certificate of Franchise Authority*

I certify that Baldwin County Internet/DSSI Service, LLC, identification number CV07-0002 issued on 7/2/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 2/8/2010:

Service areas are described in the attached true and correct copy of the document.

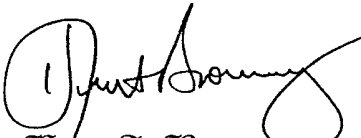
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 eighth day of February 2010.



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



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**FLORIDA DEPARTMENT of STATE**

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

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

- 1) Name of Certificate holder: Baldwin County Internet/DSSI Service, L.L.C. ("BCI")
- 2) Address of Certificate holder: 1240 Commerce Dr., Ste. A, Gulf Shores, AL 36542
- 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.)

BCI currently holds a statewide certificate of franchise authority for the unincorporated areas of Hernando County (Certificate No. CV07-0002, July 2, 2007). BCI now files this notice of amendment to include the unincorporated areas of Escambia County.

- 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



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**CHARLIE CRIST**  
*Governor*

**KURT S. BROWNING**  
*Secretary of State*

February 8, 2010

Mr. Michael N. Giles  
Consultant  
M Giles Consulting, LLC  
3213 Gillespie Road  
McKinney, Texas 75070

Re: Baldwin County Internet/DSSI Service, LLC  
CV07-0002

Dear Mr. Giles:

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."

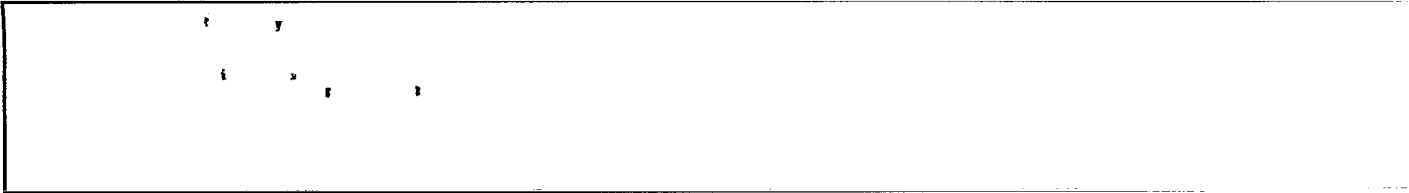
Since we are not authorized to regulate cable activities, the Department of State, Cable and/or Video Franchise Section, requests certificate holders to omit the department's name and contact information from the monthly billing inserts to subscribers. The Department of State does not have any authority 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

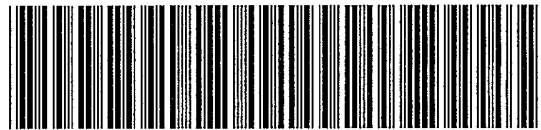
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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