

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Cox Com Inc., identification number CV07-0012 issued on 08/21/2007, is hereby granted authority to provide cable and/or video service under the following name as amended on 09/12/2011:

Cox Com, LLC

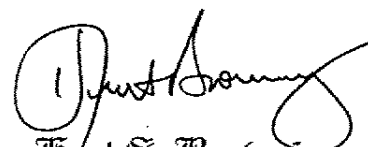
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Twelfth day of September 2011.



CR2EO22 (01-07)

  
Kurt S. Bronning  
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: Cox Com, LLC
- 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.)\_\_\_\_\_
- 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)

Name Change: Please be advised that on June 30, 2011, CoxCom, Inc., changed its name to CoxCom, LLC.  
New Contact: Please be advised that the new contact for CoxCom, LLC, is Lynn Murphey.

- d) Notice to Terminate Service.  
Effective Date: \_\_\_\_\_

Lynn Murphey, VP, Government and Public Affairs

Printed Name and Title

LYNN MURPHEY

VICE PRESIDENT, GOVERNMENT & PUBLIC AFFAIRS

Signature

Lynn Murphey

Date

9/31/11

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



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

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

September 12, 2011

Ms. Lynn Murphey  
Vice President, Government And Public Affairs  
Cox Com, LLC  
1400 Lake Hearn Drive  
Atlanta, Georgia 30319

Re: Cox Com, LLC  
CV07-0012

Dear Ms. Murphey:

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.



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

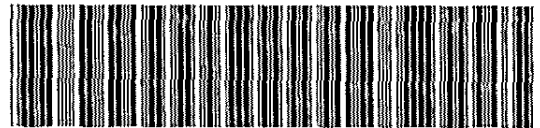
\_\_\_\_\_  
(Business Entity Name)

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

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

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