

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Altitude Communications, LLC, as successor of interest to identification number CV07-0018 issued on 11/19/2007, to James Cable d/b/a Communicom Services, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 09/27/2012:

Service Areas are described in the attached affidavit and application to amend a state issued certificate of franchise authority for cable and/or video service.

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 Seventh day of September, 2012.



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

**FILED**

2012 SEP 27 AM 11:30

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

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

- 1) Name of Certificate holder James Cable db/a Communi
- 2) Address of Certificate holder: 15 BRAINTREE OFFICE PK, BRAINTREE, MA 02184

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 areas. 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. Use attached pages if necessary

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.

Altitude Communications, LLC  
PO BOX 79217  
Charlotte, NC 28271  
att: Mike JULY

c) Other: (change of address or contact person)

old address: 901 Tower Dr  
Troy, MI 48098

new address: 15 Braintree Office Pk.  
Braintree, MA 02184

ATTN: CEO  
See attached

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

KATE ADAMS CEO Kate Adams 8/31/12  
 Printed Name and Title Signature Date

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

**FILED**  
2012 SEP 27 AM 11:31  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. Official name of the cable or video service provider:  
Altitude Communications LLC.  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Street address of the principal place of business of the cable and/or video service provider:  
17774 NW US Hwy 441, High Springs, FL 32643  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Federal employer identification number or the Department of State's document number:  
80-0762317  
\_\_\_\_\_
  
4. Name, address, and business telephone number of an officer, partner, owner, member, or manager as a contact person for the cable or video service provider to whom questions or concerns may be addressed:  
  
Name: Michael Jury  
Title: President  
Address: 3045 RockRidge Pass, Matthews NC 28104  
\_\_\_\_\_  
\_\_\_\_\_  
Business telephone number: 636-236-3378  
\_\_\_\_\_
  
5. 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

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

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF ~~FLORIDA~~ NORTH CAROLINA  
COUNTY OF UNION

I, Michael Jury, am employed with Altitude Communciations in an official capacity as (officer, partner, owner, managing member) President and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
- 4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:

City of Chiefland, town of Branford, City of High Springs, Town of Cross City, Town of McIntosh, City of Reddick, City of Alachua, Town of Micanopy, City of Hawthorne, Steinhatchee (Unincorporated), Portions of Taylor County, Portions of Dixie County, Portions of Alachua County, Portions of Marion County, Portions of Levy County, portions of Suwannee County.

6) Applicant's principal place of business: 3045 Rockridge Pass, Matthews NC 28104

Names of the applicant's principal executive officers: Michael Jury

Physical address sufficient for purposes of Chapter 48, Florida Statutes: 3045 RockRidge Pass Matthews NC 28104

- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 8) The applicant will notify the Department of State of any change of address or contact person.
- 9) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

  
Signature

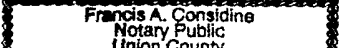
Michael Jury President  
Printed Name and Title

Sworn to affirmed and subscribed before me on this 16<sup>th</sup> day of SEPTEMBER, 2012

By MICHAEL JURY, personally known X or produced identification \_\_\_\_\_  
(Name of Affiant) type of identification produced \_\_\_\_\_

Print, type or stamp name of notary and commission expiration Francis A. Considine

(SEAL)  
CE10 (04/12)





**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**Ken Detzner**  
*Secretary of State*

September 27, 2012

Michael Jury  
Altitude Communications, LLC  
3045 Rock Ridge Pass  
Matthews, North Carolina, 28104

Re: James Cable d/b/a Communicom Services  
CV07-0018

Dear Mr. Jury:

We received your Notice of Transfer of Interest regarding CV07-0018, a State-Issued Certificate of Franchise Authority for cable and/or video service issued on 11/19/2007, to Strategic Technologies, Inc. Your Notice of Transfer of Interest has been accepted. An amended certificate is attached.

Also, the Renewal of the Certificate of Franchise Authority for this entity is due no later than November 19, 2012. The filing fee for the Renewal of Certificate of Franchise Authority is \$10,035.00.

Further, in regards to The Federal Communication Commission's Cable Act Reform 47 C.F.R. ss. 76.952, 76.1602 and 1603. The Department of State, respectfully requests that the certificate holders omit the department's name and contact information on any billing, notice or information provided to subscribers. The department's function is in a ministerial capacity only.

If you should have any questions, please call us at (850) 245-6010.

Rebekah A. White  
Video and/or Cable Franchise Section

Encl.





**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**Ken Detzner**  
*Secretary of State*

September 7, 2012

Mike Jury  
CEO  
Altitude Communications, LLC  
P.O. Box 79217  
Charlotte, NC, 28271

Re: James Cable d/b/a CommuniCom Services  
CV07-0018

Dear Mr. Jury:

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

As per our telephone discussion, a notarized and signed affidavit is required for this type of amendment. Please find enclosed a copy of our affidavit form. Also, in article c) Other: please state whether this is a change of business address, change of contact information or both. If it is a change of contact information, as indicated in our telephone conversation, please provide us with the name, title, address and telephone number of the new contact person.

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



CV07-0018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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