

## Department of State

## Certificate of Franchise Authority

I certify that BellSouth Telecommunications Inc., d/b/a AT&T Florida identification number CV07-0006 issued on 7/02/2007, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 02/10/15:

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 Tenth day of February 2015.



CR2EO22 (1-11)

Ken Petzner Secretary of State

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

1)	Name of Certificate holder BellSouth Telecommunications, d/b/a AT&T Florida		
2)	Address of Certificate holder: 675 West Peachtree Street, Suite 4500, Atlanta, Georgia 30375		
3)	business days after first providing service provide a description of the new service Florida Statutes, and effective date of Cinclude all service areas.) List existing attached pages if necessary	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	
	Gainesville		
	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 per	rson)	
	d) Notice to Terminate Service.  Effective Date:	· .	
	Elise McCabe, Executive Director	Elise-mccale 2/6/2015	
	Printed Name and Title	Signature Date	

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



RICK SCOTT

Governor

KEN DETZNER

Secretary of State

February 10, 2015

Ms. Elise McCabe Executive Director Legislative and Regulatory Affairs 150 South Monroe Street Suite 400 Tallahassee, Florida 32301

Re:

BellSouth Telecommunications, Inc. d/b/a AT&T Florida

CV07-0006

Dear Ms. McCabe:

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 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.



Elise McCabe (Requestor's Name)		
150 S. Monroe St.		
Suite 400 (Address)		
Tallahassee, F2 32301 (City/State/Zip/Phone #)		
Bell South Telecommunication  Bell South Telecommunication  (Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:  If one show, Euse of (850) 591-6003		
Office Use Only		



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