

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

1. Official name of the cable or video service provider:  
Summit Broadband Inc.  
\_\_\_\_\_  
\_\_\_\_\_
2. Street address of the principal place of business of the cable and/or video service provider:  
4558 35th Street  
Orlando, Florida 32811  
\_\_\_\_\_  
\_\_\_\_\_
3. Federal employer identification number or the Department of State's document number:  
26-4656527  
\_\_\_\_\_
4. Name, address, and business telephone number of an officer, partner, owner, member, manager or managing member as a contact person for the cable or video service provider to whom questions or concerns may be addressed:  
  
Name: Mark Lipford  
Title: Chief Operating Officer  
Address: 4558 35th Street  
Orlando, Florida 32811  
\_\_\_\_\_  
\_\_\_\_\_  
  
Business telephone number: 407-996-8900  
\_\_\_\_\_
5. Names of other principal executive officers:  
Paula Meads, VP Finance  
\_\_\_\_\_  
\_\_\_\_\_
6. Florida street address for, or on behalf of, the Cable Service Provider, sufficient for purposes of service of process as required in Chapter 48, F.S.  
  
4558 35th Street  
\_\_\_\_\_  
Orlando Florida, 32811  
\_\_\_\_\_  
\_\_\_\_\_
7. Service Area: On an attached page, list any change to the cable service provider's service area that is different from what is currently on file with the Division of Corporations. If the current service area is correctly listed with the Division, enter "no change" here: no change  
\_\_\_\_\_

I submit this Application for Renewal and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

Mark F. Lipford COO  
Signature of Officer, Owner or Managing Member

MARK F. LIPFORD  
Printed Name of Person Signing

3/11/19  
Date

FILED  
2019 MAR 15 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FL



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RON DESANTIS**  
*Governor*

**LAUREL M. LEE**  
*Secretary of State*

March 15, 2019

Melissa O'Rourke  
Contract and Regulatory Administrator  
Summit Broadband, Inc.  
4558 35<sup>th</sup> Street  
Orlando, Florida 32811

Re: Summit Broadband, Inc.  
CV09-0026

Dear Ms. O'Rourke:

We have received and filed your application for renewal of your State-Issued Certificate of Franchise Authority for cable and/or video service. A file stamped copy of your renewal application is attached for your records. Please be advised, a renewal application and fee of \$1035.00 is due every five years. The next Renewal Date for Summit Broadband, Inc. will be: 4/16/2024.

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.





March 11<sup>th</sup>, 2019

Division of Corporations  
Attn: Cable Franchise Authority  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Summit Broadband Inc Cable Franchise Renewal

To Whom it May Concern,

Enclosed with this letter, please find the Application for Renewal of State-Issued Certificate of Franchise Authority to Provide Cable and/or Video Service for **Summit Broadband Inc.**

Respectfully,

*Melissa O'Rourke*

Melissa O'Rourke  
*Contract and Regulatory Administrator*

CND9-0026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

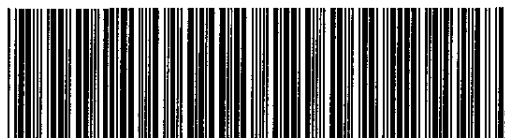
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700324634507

03/15/19--01020--010 \*\*1035.00