

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Eatel Video, L.L.C., identification number CV21-0041, issued on 10/18/2021, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 08/01/2022:

Unincorporated Escambia County
City of Crestview

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 First day of August 2022.



CR2E022 (01-11)


Cord Byrd
Secretary of State

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

- 1) Name of Certificate holder Eatel Video, L.L.C.
- 2) Address of Certificate holder: 913 South Burnside Avenue, Gonzales, LA 70737

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

Unincorporated Escambia County
City of Crestview

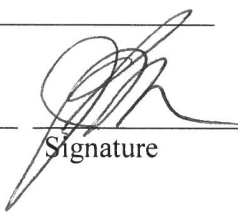
- ☐ b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest.

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

- ☐ d) Notice to Terminate Service.
Effective Date: _____

Janet S. Britton

Printed Name and Title


Signature

7/11/22
Date



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

August 1, 2022

Janet Britton
Secretary and General Counsel
913 S. Burnside Avenue
Gonzales, LA 70737

Re: Eatel Video, L.L.C.
CV21-0041

Dear Ms. Britton:

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.

Mel Solomon
Video and/or Cable Franchise Section

Encls.



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913 South Burnside Avenue
Gonzales, Louisiana 70737

July 25, 2022

Cable and/or Video Franchising
Division of Corporations
The Centre of Tallahassee
P.O Box 6327
Tallahassee, FL 32314

Re: Application to Amend a State-Issued Certificate of Franchise Authority for Cable and/or Video Service

To Whom it May Concern:

Enclosed please find a copy of the above referenced Application and check no. 0076949 in the amount of \$35.00 on behalf of Eatel Video, L.L.C. Please file as appropriate.

Should you have any further questions or concerns, please do not hesitate to contact me at 225-621-4498.

Sincerely,

Janet S. Britton
General Counsel

JSB/brh

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

9

PICK-UP

9

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