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

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	treet address of the principal place of business of the cable and/or video servine Mediacom Way	vice provider:
N	Iediacom Park, New York 10918	
	ederal employer identification number or the Department of State's docume 6-1495508	ent number:
m	ame, address, and business telephone number of an officer, partner, owner, nanger or managing member as a contact person for the cable or video service thom questions or concerns may be addressed:	
N	ame: Paul Pecora	22 3
	itle: Group Vice President, Coastal Region	25
A	ddress: 1613 Nantahala Beach Blvd	SS 2
G	ulf Breeze, FL 32563	mo ;
B	usiness telephone number: (850) 934-7701	STAIL STAIL
	ames of other principal executive officers: Rocco B. Commissio, Chairman & CE lark Stephan, Executive VP & CFO	The second secon
	ohn Pascarelli, Executive VP of Operations	
	lorida street address for, or on behalf of, the Cable Service Provider, sufficient urposes of service of process as required in Chapter 48, F.S.	ent for
N	Addiacom Southeast LLC	
	613 Nantahala Beach Blvd	
_	ruld Breeze Florida, 32563	
aı th	ervice Area: On an attached page, list any change to the cable service provice at that is different from what is currently on file with the Division of Corpore current service area is correctly listed with the Division, enter "no change ere: No change	orations. If
ed by:	submit this Application for Renewal and affirm that the facts stated herein a ware that any false information submitted in a document to the Department pastitutes a third degree felony as provided for in s.817.155,F.S.	
0019D4	AA	11/6/2023
	Paul Pecora	



Lauren Predmore, NYSCP Paralegal II, Legal Affairs

November 28, 2023

Division of Corporations Cable and/or Video Franchising The Centre of Tallahassee 2415 N. Monroe Street Ste 810 Tallahassee, FL 32303

Re: Application for renewal of state-issued certificate of franchise authority to provide cable and/or video service

Dear Sir or Madam:

On behalf of Mediacom Southeast LLC ("Mediacom"), enclosed please find an application for renewal of its state-issued certificate of franchise authority (CV09-0023), which was originally issued to Mediacom on February 2, 2009. In addition, enclosed is a check in the amount of \$1,035.00, representing the required processing fee.

Please do not hesitate to contact me using the information below if you have any questions or concerns.

Sincerely,

/s/Lauren Predmore

Encl.

SECRETARY OF STATE



RON DESANTIS
Governor

CORD BYRDSecretary of State

November 30, 2023

Mr. Paul Pecora Group Vice President, Coastal Region Mediacom Southeast LLC 1613 Nantahala Beach Blvd Gulf Breeze, FL 32563

Re:

Mediacom Southeast LLC

CV09-0023

Dear Mr. Pecora:

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 Mediacom Southeast LLC will be: 2/9/2029.

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.

Mel Solomon Video and/or Cable Franchise Section

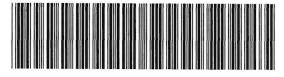
Encl.



CV09-0023

(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



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SECRETARY OF STATE

M. SOLOMON NOV 3 0 2023