



Department of State

Certificate of Franchise Authority

I certify that Blue Stream Infrastructure, LLC identification number CV07-0014 issued on 09/14/07, is hereby granted authority to provide cable and/or video service in the following service area(s) as amended on 03/21/25:

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 Twenty First day of March 2025.



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 BLUE STREAM INFRASTRUCTURE HOLDINGS, LLC
2) Address of Certificate holder: 12409 NW 35th ST., Coral Springs, FL 33065 *CV07-0014*

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.

☒

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

See Attached

See Attached

See Attached

See Attached

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d) Notice to Terminate Service.

Effective Date: _____

Gavin Keirans, President & COO

Printed Name and Title

Gavin Keirans
Signature

3.18.2025
Date

CF04(05/17)

Division of Corporations, Cable and/or Video Franchising
PO Box 6327, Tallahassee, Florida 32314

BLUE STREAM INFRASTRUCTURE HOLDINGS LLC

CV07-0014

Supplemental Page

c) Other:

Change Address from 12409 NW 35th St., Coral Springs, FL 33065 to

4236 NW 120th Ave., Coral Springs, FL 33065

Change Contact Person and Officer from:

Joseph Canavan, CEO, to **Gavin Keirans, President & COO**

Change Other Principal Executive Officer from:

Myron Reising to **John Jacobi**



FLORIDA DEPARTMENT *of* STATE

RON DESANTIS
Governor

CORD BYRD
Secretary of State

March 21, 2025

Mr. Gavin Keirans,
President & COO
Blue Stream Infrastructure Holdings, LLC
12409 NW 35th St.
Coral Springs, Florida 33065

Re: Blue Stream Infrastructure Holdings, LLC
CV07-0014

Dear Mr. Rios:

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 Lefeavers
Video and/or Cable Franchise Section

Encl.

QV07-0014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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