

# State of Florida



Department of State

## *Certificate of Franchise Authority*

I certify that KG Communications, L.L.C., identification number CV07-0003, issued on 7/2/2007 is hereby granted authority to provide cable and/or video service in the following service area:

City of Homestead

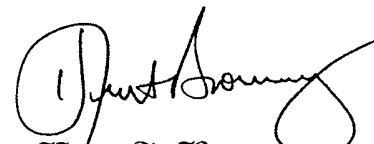
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 Second day of July, 2007



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



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**FLORIDA DEPARTMENT of STATE** CABLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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

A. Official name of the cable or video service provider:

KG Communications, LLC

B. Street address of the principal place of business of the cable and/or video service provider:

13 SW 7th Street

Miami, FL 33130

C. Federal employer identification number or the Department of State's document number:

20-1463911

D. Name, address, and business telephone number of an officer, partner, owner, member, or manager as a contact person for the cable or video service provider to whom questions or concerns may be addressed:

Name: Wayne Rosen

Title: Manager

Address: 277 Galeon Court

Coral Gables, FL 33143

Business telephone number: (305) 441-8786

E. Duly executed affidavit attached (notarized and signed by an officer, partner, owner or managing member).

This application and affidavit must be submitted with an application fee of \$10,000.00 and an accompanying fee of \$35.00 and mailed to the State-Issued Certificate of Franchise Authority for Cable and/or Video Service at the following address:

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Cable and/or Video Franchising  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**E. (State- Issued Cable Franchise)**

STATE OF Florida  
COUNTY OF Miami-Dade

**AFFIDAVIT**

I, Wayne Rosen, am employed with KG Communications, LLC in an official capacity as (officer, partner, owner, managing member) Manager and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provision of Chapter 610, F.S., to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video services in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, F.S., or other applicable state law.
- 4) The applicant agrees to comply with all the state laws rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337401, F.S.
- 5) The description of the service area consistent with s. 610.104 (2)(e) 5a & b, F.S., for which the applicant seeks a certificate of franchise authority is: \_\_\_\_\_

City of Homestead

6) Applicant's principal place of business: 13 SW 7th Street  
Miami, FL 33130

Names of the applicant's principal executive officers: Wayne Rosen, Manager  
Michael Latterner, Manager

Street Address sufficient for purposes of Chapter 48, F.S.: 13 SW 7th Street  
Miami, FL 33130

- 7) The applicant will file the Department of State notice of commencement of services within five business days after providing services in each area described.
- 8) The applicant will notify the Department of State of any changes of address or contact person.
- 9) The applicant's systems shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Wayne Rosen, Manager  
Printed Name and Title

Wayne Rosen  
Signature

Sworn to affirm and subscribe before me on this 22<sup>nd</sup> day of June, 2007, by Wayne Rosen

Personally known OR  Produced Identification

(Name of Affiant)

Type of Identification Produced: \_\_\_\_\_

L. Vargas  
Name of Notary Public and Commission Expiration Date



Notary Public In and For the State of Florida

L. Vargas  
Signature

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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

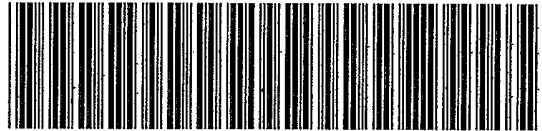
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