

Department of State

Certificate of Franchise Authority

I certify that Bright House Networks, L.L.C., identification number CV07-0004 issued on 7/2/2007, is hereby granted authority to provide cable and/or video service in the following service area:

Flagler County, Grant-Valkaria (Town), Lake Helen (City), Longwood (City), Maitland (City), Melbourne (Town), South Daytona (City), Volusia County, Wellington (Town), Bowling Green (City), Dade City (City), Hardee County, Lakeland (City), Manatee County, San Antonia (City), Zephyrhills (City), Bristol (City), DeFuniak Springs (City), Escambia County, Jackson County, Santa Rosa County, Washington County.

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: Bright House Networks, LLC		
В.	Street address of the principal place of business of the cable and/or video service provider 301 E. Pine Street, Suite 600, Orlando, FL 32801		
C.	Federal employer identification number or the Department of State's document number: 02-0636401		
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: Jennifer Mooney		
	Title: Vice President/Government Affairs and Public Relations-Florida Group		
	Address: 301 E. Pine Street, Suite 600, Orlando, FL 32801		
	Business telephone number: (407) 210-3165		

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

CF01 (6/07)

STATE OF		AFFIDAVIT
COUNTY OF	Onondaga	_
I,Stev	en A. Miron	, am employed with Bright House Networks, LLC in an official capacity as
(officer partn	er owner managing	member) Officer and do hereby attest to the facts stated
herein from m	v personal knowleds	e. I hereby swear and affirm that the following statements are true and correct:
1) The or	mlicant is fully quali	ned under the provision of Chapter 610, F.S., to file this application and
1) The ap	or a certificate of fram	whice authority
attidavit i	of a certificate of flat	vill timely file with the Federal Communications Commission all forms
2) I ne ap	opiicani nas med or v	nce of offering cable or video services in this state.
required b	y mai agency m adva	apply with all applicable federal and state laws and regulations, to the extent
3) The ap	opincani agrees to con	it in conflict with or superseded by the provisions of Chapter 610, F.S., or other
		t in confinct with or superscued by the provisions of onepter and, and
applicable	e state law.	aply with all the state laws rules and municipal and county ordinances and
4) The ap	oplicant agrees to col	ment and maintenance of communications facilities in the public rights-of-way
regulation	is regarding the place	providers of communications services in accordance with s. 337401, F.S.
that are ge	enerally applicable to	providers of communications services in accordance with s. 55 / 10 x, 2 120
5) The de	escription of the serv	ce area consistent with s. 610.104 (2)(e) 5a & b, F.S., for which the applicant
seeks a ce	ertificate of franchise	authority is:
Flagier Cou	nty, Grant-Valkaria (Town	Volusia County, Wellington (Town)
D. die On	South Daylona (City)), Hardee County, Lakeland (City), Manatee County, San Antonio (City), Zephyrhills (City)
Bowling Gre	DeFusiek Springs (City)	Escambia County, Jackson County, Santa Rosa County, Washington County
Bristoi (City)	, Deruniak Springs (City),	Scamble County, Jackson County, Canal 1884 County, Washington County
nodale 1	Javas Notworks I	LC serves each of these communities pursuant to a locally
Bright	flouse Networks, I	ervice area will be co-extensive with the descriptions
containe	ed in those agree	Heirts.
() A ==1:	ant's principal place	of business: 301 E. Pine Street, Suite 600, Orlando, FL 32801
6) Appli	cant's principal place	Of business. Joi at Time Beleeve, Bazzo covy
Namas of	the applicant's prince	ipal executive officers: Robert J. Miron, Chairman/CEO; Steven A. Miron, President;
Milliam A	Futera Executive Vice I	President/CFO; Naomi M. Bergman, Executive Vice President/Strategy & Development
William A.	Tutora, Excounte vice	Tooldon of Co, Calonia
Ctuant Ad	dragg sufficient for n	urposes of Chapter 48, F.S.:
Street Au	dress sufficient for p	eet, Suite 600, Orlando, FL 32801
7) The	301 E. Pine Str	Department of State notice of commencement of services within five business
7) The a	ppiicam wiii me me	es in each area described.
days	after providing services	ne Department of State of any changes of address or contact person.
8) The a	pplicant will notify t	all comply with the Federal Communications Commission's rules and
9) The a	pplicant's systems si	all comply with the receial Communications Commission's rates and
regul	ations of the Emerge	icy Alert System.
	Ctoven A Miron Pr	poidant
	Steven A. Miron, Pr	
_	Printed Name and	\
C / L - SS	: and ambaamiba ba	fore me on this 25 day of Jone, 2007 by Steven A. Mirsn
	known OR Produ	and the state of t
Type of Iden	tification Produced:	fictory Public, Strom tight York
	Action T	Stein have Supplied in Brotespoter County
* T	()	nmission Expiration Date
Name	or notary Public and Co	Illinosion Expiration Date
Motor Dul-1	ic In and For the Stat	e of New York Children
CF02 (6/07)	ie m and ror me stat	Signature
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(Requestor's Name)
(requesions Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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