

Bepartment of State

Certificate of Franchise Authority

I certify that Litestream Holdings, LLC, identification number CV09-0025, issued on 03/18/2009, is hereby granted authority to provide cable and/or video service in the following service area(s):

State of Florida-Current Service Areas: St. Johns County, Clay County, Indian River County, St Lucie 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 Eighteenth day of March, 2009.

THE STATE OF THE S

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Kurt S. Browning Secretary of State



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2009 MAR 18 AM II: 5

CABLE AND/OR VIDEO DIVISION OF CORPORATIONS

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

Street address of the principal place of business of the cable and/or video service provided 500 S Australian Ave, ste 120
West Palm Beach, FL 33401
Federal employer identification number or the Department of State's document number: 20-1190153
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 of concerns may be addressed:
Name: Tim Hohman
Title: General Manager
Address: 280 Business Park Circle, ste 412 St. Augustine, FL 32095

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	AFFIDAVIT			
COUNTY OF Palm Beach	-			
I, Paul Rhodes	am employed with Litestream Hole	dings, LLC. in an official capacity		
as (officer, partner, owner, managing	member) CEO	and do hereby attest to the		
		rm that the following statements are true		
and correct:				
	d under the provisions of Chapter 6	10, F.S., to file this application and		
affidavit for a certificate of franch	unications Commission all forms			
2) The applicant has filed or will timely file with the Federal Communications Commission at required by that agency in advance of offering cable or video services in this state.				
		ate 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				
applicable state law.		1 11 1 1 1 1		
4) The applicant agrees to comply with all the state laws and rules and municipal and county ordinance regulations regarding the placement and maintenance of communications facilities in the public rights-of				
		in accordance with s. 337.401, F.S.		
		e) 5a & b, F.S., for which the applicant		
seeks a certificate of franchise aut	chority is:	-		
	Areas: St. Johns County, Clay C	County, Indian River County, St. Lucie		
County.				
6) Applicant's principal place of business: 500 S Australian Ave Ste 120, West Palm Beach, FL 33401 (Corporate Office) 280 Business Park Circle, Ste 412, St. Augustine, FL 32095 (Operations Office) Names of the applicant's principal executive officers: Paul Rhodes, CEO				
Street Address sufficient for purpo	oses of Chapter 48, F.S.: 500 S Australian	Ave Ste 120, West Palm Beach, FL 33401 (Corporate Office)		
7) The applicant will file with the	Department of State a notice of co	mmencement of services within five		
	ling services in each area described.			
8) The applicant will notify the D	Department of State of any changes	of address or contact person.		
	comply with the Federal Communic	cations Commission's rules and		
regulations of the Emergency	Alert System.	• /		
Paul Rhodes, CEO	%	<i>1</i>		
Printed Name and Title	/	Signature		
S	11. Et a conside	Paul Phodos		
Sworn to affirm and subscribe before : ☐Personally known OR ☐ Produced :	me on this or day of y y y a cv			
Type of Identification Produced:	identification	(Name of Affiant)		
010100000		SALLY A. LARSON MY COMMISSION # DD 477825		
- sully world	- Sally ALarson	EXPIRES: October 28, 2009		
Name of Notary Public and Commi	ssion Expiration Date	Bonded Thru Notary Public Underwriters		
Notary Public In and For the State of	Florida	Valua Dac		
CF02 (7/07)		Signature		



CHARLIE CRIST

Governor

KURT S. BROWNING Secretary of State

March 18, 2009

Tim Hohman General Manager Litestream Holdings, LLC 280 Business Park Circle Ste. 412 St. Augustine, Florida 32095

Re:

Litestream Holdings, LLC

CV09-0025

Dear Mr. Hohman:

Your application and affidavit for a State-Issued Certificate of Franchise Authority for cable and/or video service has been accepted and processed. Enclosed is your Certificate of Franchise Authority.

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. In 2009 the Department of Agriculture and Consumer Services will be responsible for responding to customers' complaints.

If you should have any questions, please call us at (850) 245-6010.

(Rebekah White)

Video and/or Cable Franchise Section Enclosures





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2009 MAR 18 AM 11: 32

CABLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

March 17, 2009

Florida Dept of State
State Issued Certificate of Franchise Authority
For Cable and/or Video Service
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Application for a State-Issued Certificate of Franchise

Dear Sir or Madam:

Please find enclosed our Application and Affidavit to provide cable and/or video service in Florida, along with the \$10,035 application fee.

Sincerely,

Sally Larson

/sal

Enclosures

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(only-ordio-ziph fione ny
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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