

Certificate of Franchise Authority

I certify that Digital Community Networks, Inc., identification number CV07-0017, issued on 11/1/2007, is hereby granted authority to provide cable and/or video service in the following service area(s):

Manatee County, Florida; Lee County, Florida; Charlotte County, Florida

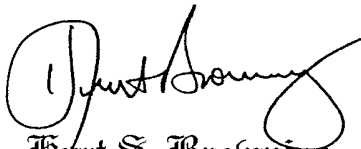
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 First day of November, 2007



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE

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**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:
Digital Community Networks, Inc.
- B. Street address of the principal place of business of the cable and/or video service provider:
1718 Main Street, Ste 300
Sarasota, FL 34236
- C. Federal employer identification number or the Department of State's document number:
650936913
- 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: Robert Miscavage
Title: President
Address: 1718 Main Street, Ste 300
Sarasota, FL 34236
Business telephone number: 941-366-1805
- 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 Sarasota

AFFIDAVIT

I, Loraine Miscavage, am employed with Digital Community Networks in an official capacity as (officer, partner, owner, managing member) Vice President 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 provisions 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 and 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. 337.401, 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:

- Manatee County, FL
- Lee County, FL
- Charlotte County, FL

6) Applicant's principal place of business: 1718 Main St., Ste 300
Sarasota, FL 34236

Names of the applicant's principal executive officers: Robert Miscavage, President
Loraine Miscavage, Vice Pres.

Street Address sufficient for purposes of Chapter 48, F.S.: 1718 Main St., Ste 300
Sarasota, FL 34236

- 7) The applicant will file with the Department of State a notice of commencement of services within five business days after first 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.

Loraine Miscavage, Vice Pres.
Printed Name and Title

[Signature]
Signature

Sworn to affirm and subscribe before me on this 24 day of October, 2007, by LORAINIE MISCAVAGE
☒ Personally known OR ☐ Produced Identification (Name of Affiant)

Type of Identification Produced:

Mary V. McKeon
Commission # DD561393
Expires June 20, 2010 Expiration Date
Name of Notary Public and County
Bonds Troy Pain - Insurance, Inc. 800-368-7010

Notary Public In and For the State of FLORIDA
CF02 (7/07)

Mary V. McKeon
Signature

