



Department of State

*Certificate of Franchise Authority*

I certify that DCM Cable, Inc., identification number CV09-0024, issued on 02/23/2009 is hereby granted authority to provide cable and/or video service in the following service area(s):

Service areas are described in the attached true and correct copy of the affidavit.

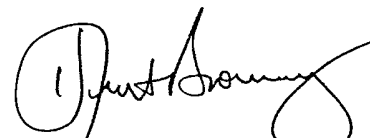
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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 third day of February, 2009.



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State



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2009 FEB 23 AM 11:00

**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:  
DCM Cable, Inc.  
\_\_\_\_\_  
\_\_\_\_\_
- B. Street address of the principal place of business of the cable and/or video service provider:  
8447 SW 99th St. Rd., Ocala, FL 34481  
\_\_\_\_\_  
\_\_\_\_\_
- C. Federal employer identification number or the Department of State's document number:  
86-1111846  
\_\_\_\_\_
- 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: Kenneth D. Colen  
Title: President  
Address: 8447 SW 99th St. Rd., Ocala, FL 34481  
\_\_\_\_\_  
\_\_\_\_\_  
  
Business telephone number: (352) 854-0805  
\_\_\_\_\_
- 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

STATE OF FLORIDA  
COUNTY OF MARION

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**AFFIDAVIT**

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

I, Kenneth D. Colen, am employed with DCM Cable, Inc. in an official capacity as 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:

DCM Cable, Inc.'s service area consists of various neighborhoods within On Top of the World Communities in Ocala, Florida. The service area encompasses the following neighborhoods: Candler Hills, Indigo East, Renaissance, Providence II (a portion of Providence including SW 92<sup>nd</sup> St., SW 97<sup>th</sup> Cir., and the southern half of SW 90<sup>th</sup> St.), Windsor West (a portion of Windsor including SW 95<sup>th</sup> St., SW 95<sup>th</sup> Lp., SW 96<sup>th</sup> Ct., SW 97<sup>th</sup> Ave., SW 98<sup>th</sup> Ct., SW 98<sup>th</sup> Terr., and SW 99<sup>th</sup> Ct.), and Stone Creek.

- 6) Applicant's principal place of business: 8447 SW 99th St. Rd., Ocala, FL 34481

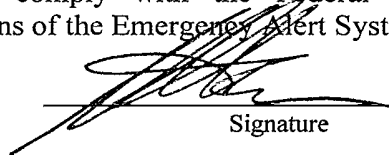
Names of the applicant's principal executive officers:

Kenneth D. Colen, President  
C. Guy Woolbright, Secretary/Treasurer

- 7) Street Address sufficient for purposes of Chapter 48, F.S.: 8447 SW 99th St. Rd., Ocala, FL 34481

- 8) 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.
- 9) The applicant will notify the Department of State of any changes of address or contact person.
- 10) The applicant's systems shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Kenneth D. Colen, President  
Printed Name and Title

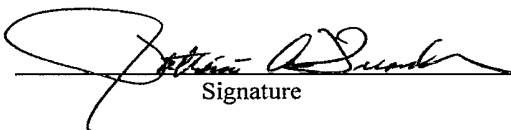
  
Signature

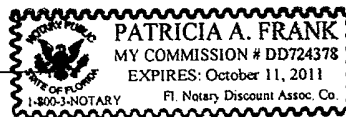
Sworn to affirm and subscribe before me on this  
20th day of February, 2009,  
by Kenneth D. Colen  
(Name of Affiant)

☒ Personally known OR ☐ Produced Identification  
Type of Identification Produced: \_\_\_\_\_

Patricia A. Frank  
Name of Notary Public and Commission Expiration Date

Notary Public In and For the State of FLORIDA

  
Signature



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2009 FEB 23 AM 11:  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATE  
TALLAHASSEE, FLORIDA



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**CHARLIE CRIST**  
*Governor*

**KURT S. BROWNING**  
*Secretary of State*

February 23, 2009

Kenneth D. Colen  
President  
DCM Cable, Inc.  
8447 SW 99<sup>th</sup> St. Road  
Ocala, FL 34481

Re: DCM Cable, Inc.  
CV09-0024

Dear Mr. Colen:

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 A. White)

Video and/or Cable Franchise Section  
Enclosures



\_\_\_\_\_  
(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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