

# State of Florida



Department of State

## Certificate of Franchise Authority

I certify that Fibercast Cable Communications FL Inc., identification number CV15-0033, issued on 07/02/2015, is hereby granted authority to provide cable and/or video service in the following service area(s):

Bay County, Florida; City of Springfield, Florida; Panama City, Florida; City of Callaway, Florida; City of Parker, Florida; City of Lynn Haven, 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 Second Day of July, 2015.



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

2015 JUL -2 AM 8:00

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

1. Official name of the cable or video service provider:  
FIBERCAST CABLE COMMUNICATIONS FL INC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Street address of the principal place of business of the cable and/or video service provider:  
25 So Maple Street, Manchester, NH 03103  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Federal employer identification number or the Department of State's document number:  
46-4372776  
\_\_\_\_\_
4. 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: Cent Cav  
Title: President  
Address: 25 So Maple Street  
Manchester, NH 03103  
\_\_\_\_\_  
\_\_\_\_\_  
Business telephone number: 603-296-4411 or 603-331-0000 or 850-588-4141  
\_\_\_\_\_
5. 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

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

STATE OF NEW HAMPSHIRE  
COUNTY OF HILLSBOROUGH

**AFFIDAVIT**

I, Cent Cav, am employed with FIBERCAST CABLE COMMUNICATIONS FL 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, Florida Statutes, 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 service 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, Florida Statutes, or other applicable state law.
4. The applicant agrees to comply with all 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, Florida Statutes.
5. The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:
  - a) All unincorporated areas of Bay County, Florida.
  - b) City of Springfield, Florida.
  - c) Portions of Panama City, Florida.
  - d) Portions of City of Callaway, Florida.
  - e) Portions of City of Parker, Florida.
  - f) Portions of City of Lynn Haven, Florida.
6. Applicant's principal place of business and corporate headquarters is 25 South Maple Street, Manchester NH 03103. The local Florida office is located at 3516 East 5<sup>th</sup> Street, Panama City, FL 32401.

Names of the applicant's principal executive officers and physical address sufficient for purposes of Chapter 48, Florida Statutes:

Office Name	Office Title	Physical Address
Cent Cav	President, Chief Technology Officer	25 So Maple Street Manchester, NH 03103
Alexander Gingrich	Vice President	25 So Maple Street Manchester, NH 03103

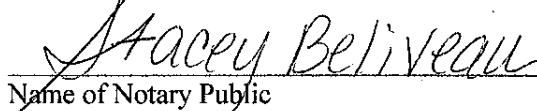
7. The applicant will file with the Department of State a notice of commencement of service within (5) five business days after first providing service in each area described.
8. The applicant will notify the Department of State of any change of address or contact person.

9. The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.



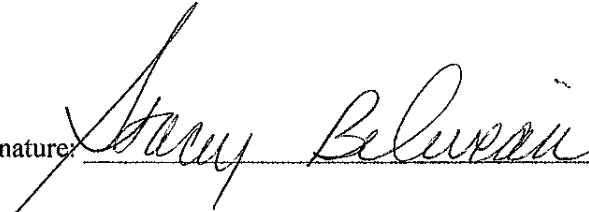
Cent Cav  
President & CTO  
FIBERCAST CABLE COMMUNICATIONS FL INC.

Sworn to affirmed and subscribed before me on this 23<sup>rd</sup> day of June, 2015,  
By Cent Cav, personally known or produced identification  
Type of identification produced: NH Driver's License.

  
Name of Notary Public

STACEY BELIVEAU  
NOTARY PUBLIC  
State of New Hampshire  
My Commission Expires: My Commission Expires  
May 23, 2019

Notary Public In and For the State of NH

Signature: 



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**Ken Detzner**  
*Secretary of State*

July 2, 2015

Mr. Cent Cav  
President  
Fibercast Cable Communications FL Inc.  
25 So Maple Street  
Manchester, New Hampshire 03103

Re: Fibercast Cable Communications FL Inc.  
CV15-0033

Dear Mr. Cav:

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. The Department of Agriculture and Consumer Services is 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



CV15-0033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

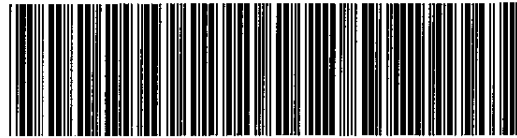
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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