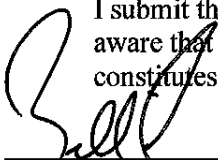


**APPLICATION FOR RENEWAL OF STATE-ISSUED CERTIFICATE OF FRANCHISE  
AUTHORITY TO PROVIDE CABLE AND/OR VIDEO SERVICE**

1. Official name of the cable or video service provider:  
COMCAST CABLE COMMUNICATIONS, LLC  
\_\_\_\_\_
  
2. Street address of the principal place of business of the cable and/or video service provider:  
ONE COMCAST CENTER  
1701 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PENNSYLVANIA 19103  
\_\_\_\_\_
  
3. Federal employer identification number or the Department of State's document number:  
23-2175755 OR CV07-0009  
\_\_\_\_\_
  
4. Name, address, and business telephone number of an officer, partner, owner, member, manger or managing member as a contact person for the cable or video service provider to whom questions or concerns may be addressed:  
  
Name: DEREK COOPER  
Title: VICE PRESIDENT OF GOVERNMENT AFFAIRS  
Address: COMCAST CABLE  
1100 NORTHPOINT PARKWAY  
WEST PALM BEACH, FL 33407  
Business telephone number: (561) 227-3485  
\_\_\_\_\_
  
5. Names of other principal executive officers: \_\_\_\_\_  
BRIAN L. ROBERTS, CHAIRMAN; DAVE WATSON, PRESIDENT & CEO; BILL CONNORS, PRESIDENT  
CENTRAL DIVISION; AMY SMITH, SENIOR VICE PRESIDENT- FLORIDA REGION  
\_\_\_\_\_
  
6. Florida street address for, or on behalf of, the Cable Service Provider, sufficient for purposes of service of process as required in Chapter 48, F.S.  
  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324 Florida, \_\_\_\_\_
  
7. Service Area: On an attached page, list any change to the cable service provider's service area that is different from what is currently on file with the Division of Corporations. If the current service area is correctly listed with the Division, enter "no change" here: NO CHANGE  
\_\_\_\_\_

I submit this Application for Renewal and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S.

  
\_\_\_\_\_  
Signature of officer, owner or Managing Member

BILL CONNORS, PRESIDENT  
\_\_\_\_\_  
Printed Name of Person Signing

6/8/17  
\_\_\_\_\_  
Date



June 19, 2017

SENT VIA UPS NEXT DAY AIR  
DELIVERY CONFIRMATION REQUESTED  
SIGNATURE REQUIRED

Ms. Rebekah White  
Division of Corporations Cable and/or Video Franchising  
The Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**RE: Comcast Cable Communications, LLC  
CV07-0009**

Dear Ms. White:

Please find enclosed: 1) An Application for Renewal of a State-Issued Certificate of Franchise Authority For Cable and/or Video Service; and 2) A check in the amount of \$1,035 made payable to the Florida Department of State.

At your earliest convenience, please forward the certificate to my attention at the address above. If you should have any questions regarding this matter, please do not hesitate to contact me by phone at (239) 432-1624 or by email at [justin\\_damiano@cable.comcast.com](mailto:justin_damiano@cable.comcast.com).

Sincerely,

Justin Robert Damiano  
Government & Regulatory Affairs  
Florida Region

Enclosures

cc: Derek Cooper, Comcast  
Marry Cassidy, Comcast



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RICK SCOTT**  
*Governor*

**KEN DETZNER**  
*Secretary of State*

June 26, 2017

Mr. Justin Robert Damiano  
Government & Regulatory Affairs  
Florida Region  
Comcast Cable Communications  
12641 Corporate Lakes Drive  
Fort Myers, FL. 33913

Re: Comcast Cable Communications, LLC  
CV07-0009

Dear Mr. Damiano:

We have received and filed your application for renewal of your State-Issued Certificate of Franchise Authority for cable and/or video service. A file stamped copy of your renewal application is attached for your records. Please be advised, a renewal application and fee of \$1035.00 is due every five years. The next Renewal Date for Comcast Cable Communications, LLC will be: 7/10/2022.

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



[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

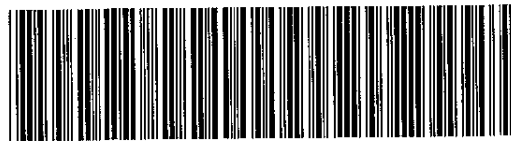
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



800300692178

06/26/17--01041--001 \*\*1035.00