

**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 EXTERNAL AFFAIRS  
Address: COMCAST CABLE  
1100 NORTHPOINT PARKWAY  
WEST PALM BEACH, FLORIDA 33407  
Business telephone number: (561) 815-6485

2022 FEB 23 PM 2:28  
SECRETARY OF STATE  
FRANCHISE DIVISION

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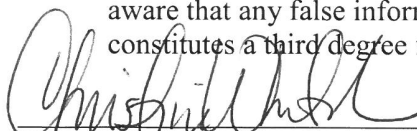
5. Names of other principal executive officers: \_\_\_\_\_  
BRIAN ROBERTS, CHAIRMAN; DAVE WATSON, PRESIDENT & CEO; CHRISTINE WHITAKER,  
PRESIDENT - CENTRAL DIVISION; AMY SMITH, SENIOR VICE PRESIDENT - FLORIDA REGION

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  
PLANTIATION Florida, 33324

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

CHRISTINE WHITAKER  
Printed Name of Person Signing

2/16/22  
Date



**STATE OF FLORIDA  
DEPARTMENT OF STATE**

**RON DESANTIS**  
*Governor*

**LAUREL M. LEE**  
*Secretary of State*

February 24, 2022

Derek Cooper  
Vice President-Comcast  
Florida Region  
1100 Northpoint Parkway  
West Palm Beach, FL 33407

Re: Comcast Cable Communications, LLC  
CV07-0009

Dear Mr. Cooper:

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: 7/10/2027.

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.

Mel Solomon  
Video and/or Cable Franchise Section

Encls.





February 22, 2022

SENT VIA UPS NEXT DAY AIR  
DELIVERY CONFIRMATION REQUESTED  
SIGNATURE REQUIRED

Ms. Rebekah White or Designee  
Division of Corporations Cable and/or Video Franchising  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

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

Dear Ms. White or Designee:

Please find enclosed: 1) An application for Renewal of a State Issued Certificate of Franchise Authority for Cable and/or Video Service; and 2) Checks in the amount of \$1,000 and \$35 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 (561) 815-3485 or by email at [Derek\\_Cooper@cable.comcast.com](mailto:Derek_Cooper@cable.comcast.com).

Sincerely,

A handwritten signature in blue ink that reads "Derek Cooper".

Derek Cooper  
Vice President-Comcast  
Florida Region

Enclosures

cc: Michael Ruger, Comcast

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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[Empty box for additional information]

\_\_\_\_\_  
(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:  
*Rec'd  
2-23-22  
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SECRETARY OF STATE  
TALLAHASSEE FL 32399