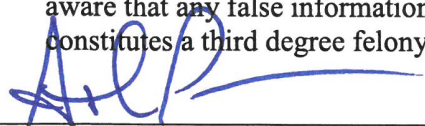


**APPLICATION FOR RENEWAL OF STATE-ISSUED CERTIFICATE OF FRANCHISE  
AUTHORITY TO PROVIDE CABLE AND/OR VIDEO SERVICE**

1. Official name of the cable or video service provider:  
Cox Communications Gulf Coast, L.L.C.  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Street address of the principal place of business of the cable and/or video service provider:  
6205-B Peachtree Dunwoody Road  
Atlanta, GA 30328  
\_\_\_\_\_
  
3. Federal employer identification number or the Department of State's document number:  
58-2487265  
\_\_\_\_\_
  
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: David Deliman  
Title: Market Vice President  
Address: 6405 McLemore Drive  
Pensacola, FL 32514  
\_\_\_\_\_  
  
Business telephone number: 352-491-9099  
\_\_\_\_\_
  
5. Names of other principal executive officers: Mark J. Greatrex (President), Mary A. Vickers (Vice President), Maria L. Friedman (Vice President, Treasurer), Perley R. McBride (Vice President), Jennifer Hightower (Secretary), Luis A. Avila (Assistant Secretary)  
\_\_\_\_\_
  
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.  
  
Corporation Service Company  
1201 Hays Street  
Tallahassee Florida, 32301-2525  
\_\_\_\_\_
  
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

Anthony Poax  
\_\_\_\_\_  
Printed Name of Person Signing

8/2/2022  
\_\_\_\_\_  
Date



## FLORIDA DEPARTMENT *of* STATE

**RON DESANTIS**  
Governor

**CORD BYRD**  
Secretary of State

August 3, 2022

Mr. David Deliman  
Market Vice President  
Cox Communications Gulf Coast, LLC  
6405 McLemore Dr.  
Pensacola, Florida 32514

Re: Cox Communications Gulf Coast, LLC  
CV07-0012

Dear Mr. Deliman:

We have received and filed your application for renewal of your State-Issued Certificate of Franchise Authority for cable and/or video service. A 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 Cox Communications Gulf Coast, LLC will be: 8/21/27.

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

**Division of Corporations**  
**The Centre of Tallahassee**  
2415 N. Monroe Street, Suite 810 • Tallahassee, Florida 32303  
850.245.6000 • 850.245.6014 (Fax) • [Sunbiz.org](http://Sunbiz.org)



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

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

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

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

PICK-UP     WAIT     MAIL

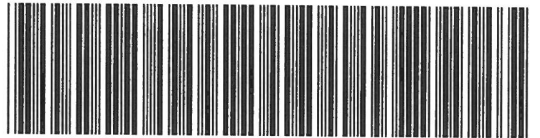
\_\_\_\_\_  
(Business Entity Name)

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

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

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