

State of Florida



Department of State

Certificate of Franchise Authority

I certify that Hotwire Communications, L.L.C., identification number CV07-0005 issued on 7/2/2007, is hereby granted authority to provide cable and/or video service in the following service area:

City of Aventura, City of Coral Gables, City of Doral, City of Miami, City of North Miami, City of North Miami Beach, City of South Miami, City of Sunny Isles Beach, City of West Miami, City of Fort Lauderdale, City of Lauderdale Lakes, City of Boca Raton, City of Boynton Beach, City of Greenacres, Town of Palm Beach, City of Riviera Beach, Palm Beach County, City of West Palm Beach, Hillsborough County, City of Tampa, City of Orlando, City of Holly Hill.

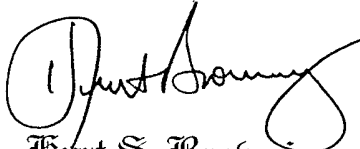
I further certify that authority to construct, maintain, and operate facilities through, upon, over, and under any public right-of-way or waters, subject to the applicable governmental permitting or authorization from the Board of Trustees of the Internal Improvement Trust Fund, is hereby granted.

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, 2007



CR2EO22 (01-07)


Kurt S. Browning
Secretary of State



FLORIDA DEPARTMENT OF STATE

**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:
Hotwire Communications, LLC
- B. Street address of the principal place of business of the cable and/or video service provider:
300 E Lancaster Avenue
Suite 208
Wynnewood, PA 19096
- C. Federal employer identification number or the Department of State's document number:
FBI Number: 010744734
- 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: Marty Mohr
Title: General Manager
Address: 3870 Pembroke Road, Hollywood, FL 33021
- Business telephone number: 954-628-7021
- 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

E. (State- Issued Cable Franchise)

STATE OF Pennsylvania
COUNTY OF Montgomery

AFFIDAVIT

I, Kristin Johnson, am employed with Hotwire Communications, LLC in an official capacity as (officer, partner, owner, managing member) 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 provision 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 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. 337401, 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: _____

1. City of Aventura 2. City of Coral Gables 3. City of Doral 4. City of Miami 5. City of North Miami
6. City of North Miami Beach 7. City of South Miami 8. City of Sunny Isles Beach 9. City of West Miami
10. City of Fort Lauderdale 11. City of Lauderdale Lakes 12. City of Boca Raton 13. City of Boynton Beach
14. City of Greenacres 15. Town of Palm Beach 16. City of Riviera Beach 17. Palm Beach County
18. City of West Palm Beach 19. Hillsborough County 20. City of Tampa 21. City of Orlando 22. City of Holly Hill

6) Applicant's principal place of business: 300 E. Lancaster Avenue, Suite 208, Wynnewood, PA 19096

Names of the applicant's principal executive officers: Michael Karp, CEO; Kristin Johnson, President; Michael Adler, General Counsel; and Marty Mohr, General Manager

Street Address sufficient for purposes of Chapter 48, F.S.: Corporation Service Company, 1201 Hays Street, Tallahassee, FL 32301-2525

- 7) The applicant will file the Department of State notice of commencement of services within five business days after providing services in each area described.
- 8) The applicant will notify the Department of State of any changes of address or contact person.
- 9) The applicant's systems shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Kristin Johnson, President
Printed Name and Title

Kristin Johnson
Signature

Sworn to affirm and subscribe before me on this 27th day of June, 2007, by Kristin Johnson
 Personally known OR Produced Identification (Name of Affiant)

Type of Identification Produced: _____
Taylor L. Radovic
Name of Notary Public and Commission Expiration Date

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
TAYLOR L. RADOVIC, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires May 23, 2010

Notary Public In and For the State of Pennsylvania
CF02 (6/07)

Taylor L. Radovic
Signature

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

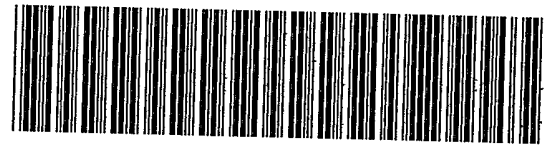
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box]

Office Use Only



200104720072

06/22/07--01015--003 **10035.00