



KAREN HANDEL
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION

315 West Tower, #2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530
(404) 656-2817

Registered agent, officer, entity status information via the Internet
<http://www.georgiacorporations.org>

CHAUNCEY R. NEWSOME
Director

TRANSMITTAL INFORMATION
GEORGIA VIDEO FRANCHISE AUTHORITY

IMPORTANT

Remember to include your e-mail address when completing this transmittal form.

Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you.

E-Mail: RHEISE @ WINDSTREAM.NET

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. SOUTHEAST CABLE TV, INC.

Corporate Name (List exactly as it appears in articles)

P.O. BOX 584 BOSTON, CA 31626

Corporate Mailing Address

2. ROBERT D. HEISE VICE PRESIDENT

829 498 4191

Name and Title of person filing franchise application (certificate will be mailed to this person, at address below)

Telephone Number

P.O. BOX 584

Address

BOSTON

CA

31626

City

State

Zip Code

3. Mail or deliver the following items to the Secretary of State, at the above address:

- 1) This transmittal form
- 2) Original and one copy of the Application for State-Issued Certificate of Franchise Authority (Form GAVFL001)
- 3) A valid Certificate of Existence, if applicable.
- 4) Filing fee of \$500.00 payable to Secretary of State. All filing fees are NON-refundable.

I certify that the appropriate counties and municipalities have been provided with a copy of this application pursuant to O.C.G.A. 36-76-4(a) and with notice to designate a franchise fee pursuant to O.C.G.A. 36-76-6.

[Signature]
Authorized signature of person filing documents

1-10-08
Date

Request certificates and obtain entity information via the Internet: <http://www.georgiacorporations.org>



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CHAUNCEY R. NEWSOME
Director

APPLICATION FOR STATE-ISSUED
CERTIFICATE OF FRANCHISE AUTHORITY

Personally appeared before me the undersigned being duly sworn according to law, and swears to the facts contained in this application. Pursuant to Georgia Code Section (O.C.G.A.)36-76-4, as amended, the undersigned hereby applies for authorization to provide cable service over a cable system as a cable service provider or video service over a video system as a video service provider in the State of Georgia:

(Please type or print clearly)

1. The name of the applicant is:

SOUTHEAST CABLE TV, INC

2. The principal place of business for the applicant is:

107 SOUTH MAIN ST. BOSTON, CA 31626

3. The principal executive officers of the applicant are:

Name	Title	Address
JAMES F. CAVANAUGH	PRESIDENT / TREASURER	222 COTTON DIKE RD. ST. HELENA ISLAND, SC. 29920
ROBERT D. HEIDE	VICE PRESIDENT / SECRETARY	1710 E. GULF BEACH DR. ST GEORGE ISLAND, FL 32328

4. By submitting this application, the applicant agrees to comply will all applicable federal and state laws and regulations, including municipal and county ordinances and regulations regarding the placement and maintenance of facilities in the public right of way that are generally applicable to all users of the public right of way and specifically including O.C.G.A. Chapter 9 of Title 25, the 'Georgia Utility Facility Protection Act'.
5. By submitting this application the applicant agrees to pay to each affected local governing authority a franchise fee established by such local governing authority which shall not exceed the maximum percentage rate permitted in 47 U.S.C. Section 542(b) of the applicant's gross revenues received from the provision of cable service or video service to subscribers located within the service area. Such franchise fee shall be paid directly to each affected local governing authority within 30 days after the last day of each calendar quarter.
6. Pursuant to OC.G.A> 36-76-4©(2), the service areas are described below and/or on an attached map as follows: [If providing a coverage map(s), please label them "Exhibit A" on 8.5 by 11 paper size.]

Service Area Description:

CITY OF BOSTON
CITY OF BARWICK
CITY OF COOKIDGE
CITY OF DAVID
TOWN OF OCHLOCKNEE
CONTIGUOUS PARTS OF THOMAS COUNTY

7. Subscribers may make payment or return equipment in accordance with the subscriber agreement to the following locations of the applicant or its affiliates.

107 SOUTH MAIN ST
BOSTON, MA 02126

8. This applicant:

X has wire-line facilities located in the public right of way as of January 1, 2008.

_____ does not have wire-line facilities located in the public right of way as of January 1, 2008, and a description and certification of technical and financial capability is attached as required by O.C.G.A. 36-76-4 (c) (4).

9. The applicant certifies that it is authorized to conduct business in the State of Georgia. [Applicant must provide a Certificate of Existence from the Corporations Division to be included with this application].

10. This applicant certifies that it has sufficient financial resources and technical capability to provide service (does not apply to companies with existing wire line services as of January 1, 2008).

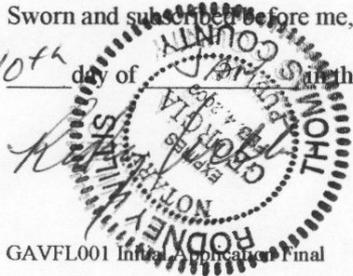
11. The applicant certifies that the following counties and municipalities have been provided with a copy of this application pursuant to O.C.G.A 36-76-4 (a) and with notice to designate a franchise fee pursuant to O.C.G.A. 36-76-6.

CITY OF BOSTON, CITY OF BAWWICK
CITY OF MAID, CITY OF COULAGE
TOWN OF OAKLAKNEE, THOMAS COUNTY

Submitted this 10th day of JANUARY in the year 2008.

Sworn and subscribed before me, this

10th day of JANUARY in the year 2008



[Signature]
Signature of Officer/
General Partner

2008 JAN 22 PM 1:53
SECRETARY OF STATE
CORPORATIONS DIVISION

Notary Public
My Commission expires



ROBERT S. HEISE

Type or Print Name and Title

VICE PRESIDENT

107 SOUTH MAIN ST
DOSTON, GA 31626

Address

229 498 419

Telephone