



CITY OF ANN ARBOR
CITY CLERK

2023 AUG 14 AM 9:29

August 9, 2023

City Clerk
City of Ann Arbor
301 E. Huron St, 2nd Fl.
Ann Arbor, MI 48107

Re: Legal Entity Adjustment

Dear City Clerk:

I am writing to inform you that *Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC*, the legal entity that is named in the cable franchise with your community, has been merged into *Comcast Cable Communications Management, LLC*. This merger of Comcast legal entities was effective August 4, 2023.

This is purely an internal organizational change and has no impact to you as the franchisor or to the customers we serve in your community. *Comcast Cable Communications Management, LLC*, has inherited all of the obligations and rights of its predecessor entity under the franchise agreement with your community and will fully comply with those obligations.

Enclosed is an Attachment 2 pursuant to 2006 Public Act 480.

Please feel free to contact me at 248-924-4917 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Eric M. Woody". The signature is written in a cursive, flowing style.

Eric Woody
Manager, Government & Regulatory Affairs
Comcast, Heartland Region
41112 Concept Drive
Plymouth, MI 48170

ATTACHMENT 2

**UNIFORM VIDEO SERVICE LOCAL FRANCHISE AGREEMENT
(Pursuant to 2006 Public Act 480)
(Form must be typed)**

Affected Franchise Agreement(s):) : City of Ann Arbor and Comcast of Florida/Michigan/New Mexico/Pennsylvania/ Washington, LLC

Date: August 9, 2023

Type of Change (*Check one*): Amended Termination Transfer

Current information on record:

Applicant's Name: Comcast of Florida/Michigan/New Mexico/Pennsylvania/ Washington, LLC		
Address 1: 41112 Concept Dr.		
Address 2:		Phone: 248-233-4700
City: Plymouth	State: MI	Zip: 48170
Federal I.D. No. (FEIN): 31-1063218		

For Amended Agreement(s):

Agreement that is being Amended: City of Ann Arbor and Comcast of Florida/Michigan/New Mexico/Pennsylvania/ Washington, LLC

Types of Amendments:

A. Change in Legal Name or assume business name, etc. (Approval from Secretary of State must be attached.)

1. Existing Name: Comcast of Florida/Michigan/New Mexico/Pennsylvania/ Washington, LLC
2. New Name: Comcast Cable Communications Management, LLC (FEIN: 23-2084784)

~~B. Change in Principal Business Address or Name of Person Authorized to Receive Notice:~~

~~1. New Principal/business office address:~~

Address 1:
Address 2:
City, State, Zip:
Email:
Phone: Fax:

~~2. New Name and Title of person authorized to receive notice:~~

Name: _____ Title:
Address 1:
Address 2:
City, State, Zip:
Email:
Phone: Fax:

C. Increase/Decrease in the Territory:

1. Reason for the change:

2. Description of change:

3. List the new unit(s) and unincorporated area(s) to be served under this change:

D. Additional changes (please attach any additional changes that have been made, which have not been previously recorded in this Attachment):

For Termination:

Effective date of Termination:
Agreement associated with the Termination:
Identify the number of customers covered by the Agreement being terminated:
Identify the method used to notify the Franchising Entity of the termination of service (Attach a copy of the notification):

For Transfer of Agreement(s):

(A transfer will require the new franchise holder or new controlling parent company to complete the information for the "New Agreement Holder")

<i>Name of Current Franchise Holder:</i>	
Contact Name:	
Address 1:	
Address 2:	
City, State, Zip:	
Email:	
Phone: _____	Fax: _____
Federal I.D. No. (FEIN):	

ATTACHMENT 2

Name of New Franchise Holder or controlling parent company as applicable:	
Contact Name:	
Address 1:	
Address 2:	
City, State, Zip:	
Email:	
Phone:	Fax:
Federal I.D. No. (FEIN):	
Email:	

Company executive officers:

Name(s):
Title(s):
Person(s) authorized to represent the company before the Franchising Entity and the Commission:

Describe the video service area footprint as set forth in Section 2(3)(e) of the Act. (An exact description of the video service area footprint to be served, as identified by a geographic information system digital boundary meeting or exceeding national map accuracy standards.)

[Option A, for Providers that Options B and C are not applicable, a description based on a geographic information system digital boundary meeting or exceeding national map accuracy standards]

[Option B, for Providers with 1,000,000 or more access lines in Michigan using telecommunication facilities to provide Video Service, a description based on entire wire centers or exchanges located in the Franchising Entity]

ATTACHMENT 2

~~[Option C, for an Incumbent Video Service Provider, it satisfies this requirement by allowing the Franchising Entity to seek right-of-way information comparable to that required by a permit under the METRO Act as set forth in its last cable franchise or consent agreement from the Franchising Entity entered into before the effective date of the Act]~~

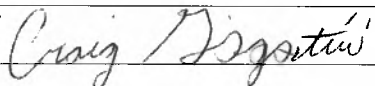
Explain the transaction that defines the transferee as a successor in interest (Attachments are acceptable):

<u>Effective date of Transfer:</u> <i>(Per 2006 Public Act 480: A notice of transfer shall be filed with the Franchising Entity within 15 days of the completion of the transfer)</i>
<u>Agreement associated with the Transfer:</u>

For All Applications:

**Verification
(Provider)**

I, Craig D'Agostini, of lawful age, and being first duly sworn, now state: As an officer of the Provider, I am authorized to do and hereby make the above commitments. I further affirm that all statements made above are true and correct to the best of my knowledge and belief.

<u>Name and Title (printed):</u> Craig D'Agostini, Vice President, Government & Regulatory Affairs	
<u>Signature:</u> 	<u>Date:</u> August 8, 2023

(Franchising Entity)

City of Ann Arbor, a Michigan municipal corporation

By _____

Print Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

Date _____