



500 West Big Beaver
Troy, MI 48084
troymi.gov

J-06

CITY COUNCIL AGENDA ITEM

Date: February 13, 2019
To: Mark F. Miller, City Manager
From: Cindy Stewart, Community Affairs Director
Subject: Notice of Name Change – Comcast

Background

I recently received a communication from Leslie Brogan, Vice President at Comcast, Heartland Region related to the name of the entity that holds our cable franchise has changed from Comcast of Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC, to Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC, effective on January 2, 2019.

This is only a change in the name of the entity holding our franchise. The ownership and control of our franchise holder is not affected. The change will have no effect on the company's franchise obligations, or on the company's liability for those obligations. The change will not affect the management or day-to-day operations of the cable system.

Recommendation

It is recommended that City Council approve the name change of our cable provider Comcast of Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC, to Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC.



January 17, 2019

Ms. Cindy Stewart, ICCA Chairperson
City of Troy
500 W. Big Beaver Rd
Troy, MI 48084

Re: Notice of Name Change—Comcast of Colorado/Florida/Michigan/New Mexico/
Pennsylvania/Washington, LLC

Dear Ms. Stewart:

Consistent with our desire to keep you fully informed regarding activities that relate to the cable service provided in your community, I am writing to let you know that the name of the entity that holds your cable franchise has changed from Comcast of Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC, to Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC, effective January 2, 2019.

This is only a change in the name of the entity holding your franchise. The ownership and control of your franchise holder is not affected. The change will have no effect on the company's franchise obligations, or on the company's liability for those obligations. Finally, the change will not affect the management or day-to-day operations of the cable system.

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

If you have any questions, please call me at **517-334-5890**.

Sincerely,

Leslie A. Brogan
Senior Director, Government Affairs
Comcast, Heartland Region
1401 E. Miller Rd.
Lansing, MI 48911

Enclosure

ATTACHMENT 2

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

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

Date: January 22, 2019

Type of Change (Check one): Amended Termination Transfer

Current information on record:

Applicant's Name: Comcast of Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC		
Address 1: 41112 Concept Drive		
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 Troy and Comcast of Colorado/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 Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC
2. New Name: Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC

~~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")

Name of Current Franchise Holder:

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~~]

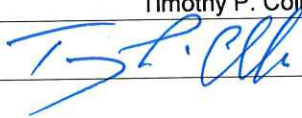
~~Explain the transaction that defines the transferee as a successor in interest (Attachments are acceptable):~~

Effective date of Transfer:
~~(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)~~
Agreement associated with the Transfer:

For All Applications:

**Verification
(Provider)**

I, Timothy P. Collins, 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.

Name and Title (printed): Timothy P. Collins, Regional Senior Vice President	
Signature: 	Date: 1-28-2019

(Franchising Entity)

City of Troy, a Michigan municipal corporation

By _____
Print Name _____
Title _____
Address _____
City, State, Zip _____
Phone _____
Fax _____
Email _____
Date _____

SE-4
3:19



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

JAN 14 2019

AC1

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

FILED

JAN 15 2019

ADMINISTRATOR
CORPORATIONS DIVISION

Name

Address

City

State

ZIP Code

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

**CERTIFICATE AMENDING APPLICATION FOR CERTIFICATE OF
AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN
For use by Foreign Limited Liability Companies
(Please read information and instructions on the last page)**

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate:

- The present name of the limited liability company is:
Comcast of Colorado/Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC
- If the name in Item 1 was not available for use in Michigan, the assumed name adopted when obtaining the Certificate of Authority is:

- The identification number assigned by the Bureau is:
- It is organized under the laws of Colorado
- The limited liability company was authorized to transact business in Michigan on the 7th day of April, 2014
- The duration of the limited liability if other than perpetual is: _____

- If the name of the limited liability company has changed, its new name is:
Comcast of Florida/Michigan/New Mexico/Pennsylvania/Washington, LLC
The effective date of the name change was the 2nd day of January, 2019 and the name change was made in compliance with the laws of the jurisdiction of its organization.
- Complete this item only if the new name in Item 7 is not available for use in Michigan. The assumed name of the limited liability company to be used in all its dealings with the Bureau and in the transaction of its business in Michigan is:

- If the assumed name in Item 2 has changed, the new name is:

\$125.00 w/RP. 1475098

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