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January 22, 2025

VIA ELECTRONIC FILING

Mr. Adam Teitzman Commission Clerk Florida Public Service Commission Gerald L. Gunter Building 2540 Shumard Oak Boulevard, Suite 152H Tallahassee, Florida 32399-0850

Re: FCC Form 555 - Administration of Lifeline Assistance Program for Low-Income Consumers; Bright House Networks Information Services (Florida) LLC

Dear Mr. Teitzman:

Pursuant to 47 C.F.R. § 54.416, attached please find a copy of FCC Form 555, "Annual Lifeline Eligible Telecommunications Carrier Certification Form", for Bright House Networks Information Services (Florida) LLC for the 2024 reporting period. The FCC has instructed Lifeline providers to provide a copy to the relevant state commissions as appropriate.

Thank you for your assistance and please let us know if you have any questions.

Very truly yours,

FRIEND, HUDAK & HARRIS, LLP

Jus af Selm

Susan J. Berlin

Attch.

cc: Bright House Networks Information Services (Florida) LLC

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of

all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

219026		143053251
Study Area Code (SAC)		Service Provider Identification Number (SPIN)
Eligible Telecommunications Carrie	er (ETC) must provide a certifica	tion form for each SAC that provides Lifeline service).
2024	FL	Bright House Networks Information Services
2021		(Florida), LLC
Recertification Year	State	ETC Name
		Bright House Networks, LLC
		Helding Commonly Name
DBA, Marketing, or Other Branding	g Name	Holding Company Name

Does the reporting company have affiliated ETCs? Yes \underline{X} No ____

Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.

Affiliated ETC's SAC	Affiliated ETC's Name
159027	Time Warner Cable Information Services (New York), LLC
549027	Time Warner Cable Information Services (California), LLC
119011	Time Warner Cable Information Services (Massachusetts), LLC
349047	Charter Fiberlink - Illinois, LLC
329035	Time Warner Cable Information Services (Indiana), LLC
499028	Time Warner Cable Information Services (New Mexico), L LC
539021	Charter Fiberlink OR-CCVII, LLC
529031	Charter Fiberlink WA-CCVII, LLC
229037	Charter Fiberlink-Georgia, LLC
269060	Time Warner Cable Information Services (Kentucky), LLC
179037	Time Warner Cable Information Services (Pennsylvania), LLC
549038	Time Warner Cable Information Services (California), LLC
249037	Time Warner Cable Information Services (South Carolina) , LLC
279056	Charter Fiberlink LA-CCO, LLC
199029	Charter Fiberlink VA-CCO, LLC
319053	Charter Fiberlink - Michigan, LLC
149014	Charter Fiberlink VT-CCO, LLC
339064	Charter Fiberlink CCO, LLC

129011	Time Warner Cable Information Services (New Hampshire), LLC
309026	Time Warner Cable Information Services (Ohio), LLC
449097	Time Warner Cable Information Services (Texas), LLC
259052	Charter Fiberlink - Alabama, LLC
299039	Charter Fiberlink-Tennessee, LLC
429051	Charter Fiberlink - Missouri, LLC
239039	Time Warner Cable Information Services (North Carolina) , LLC

Initial Certification All ETCs must complete this section.

I certify that the company listed above:

- Has policies and procedures in place to ensure that its Lifeline subscribers are eligible to receive Lifeline services; and
- · Is in compliance with all federal Lifeline certification procedures; and
- Is in compliance with the minimum service levels set forth in 47 C.F.R. § 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MRM

Annual Recertification Results

Report the results of recertification efforts for the current calendar year.

Do not leave blocks empty. If the National Verifier is responsible for conducting recertification, enter zero for blocks A - F. If the state Lifeline Administrator is responsible for conducting recertification, report the results for each block.

A. Subscribers eligible for recertification within current calendar year	
B. Subscribers de-enrolled prior to recertification attempts	
C. Total number of subscribers required to be recertified (A-B)	
D. Subscribers successfully recertified	
E. Subscribers de-enrolled for failed recertification	
F. Percentage de-enrolled for failed recertification (E/C)	

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying upon notice of eligibility from: _____ state Lifeline administrator X National Verifier

I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial MRM

No Subscribers Certification Complete this section if ETC claimed no Lifeline subscribers.

I certify that my company did not claim federal low income support for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed on this form

Initial MRM

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements? Yes _ No \underline{X}

If yes, record the number of subscribers de-enrolled for non-usage by month in Block H below.

G	Н
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
Мау	
June	
July	
August	
September	
October	
November	
December	
Total Subscribers	0

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Signature Block

By signing below, I certify that the information provided is true and accurate. I am an officer of the company named above. I am authorized to make this certification for this SAC.

Signed,

Michael R. Moore	Michael R. Moore - Group VP Law, Telephone Regulatory
Signature of Officer	Printed Name and Title of Officer
michael.moore@charter.com	01-17-2025
Email Address of Officer	Date
Tommy Johnson	3143949855
Person Completing This Certification Form	Contact Phone Number