



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:

B. Street address of the principal place of business of the cable and/or video service provider:

C. Federal employer identification number or the Department of State's document number:

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: _____

Title: _____

Address: _____

Business telephone number: _____

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