FLORIDA DEPARTMENT of STATE

APPLICATION TO AMEND A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY FOR CABLE AND/OR VIDEO SERVICE

1) Name of Certificate holder: _____

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2) Address of Certificate holder: _____

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3) Statement of Amendment(s):

_ _a) Change in Service Area. Notification of Commencement is required within five business days after first providing service in each additional area. Please provide a description of the new service area consistent with s. 610.104(2)(e) 5, Florida Statutes, and effective date of Commencement of Operations. (Please include all service areas. List existing areas first and new areas last.)

_ _b) Notice of Transfer of Interest. Notification is required within fourteen business days following completion of transfer. Please provide the name and address of any successor in interest._____

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_ _c) Other: (change of address or contact person)_____

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_ _d) Notice to Terminate Service.
Effective Date: _____