

INSTRUCTIONS FOR FILING A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY TO PROVIDE CABLE AND/OR VIDEO SERVICES IN FLORIDA

It is recommended that you read Chapter 610, Florida Statutes, before applying for a State-Issued Certificate of Franchise of Authority to Provide Cable and/or Video Service.

1. Enter the official/legal name of the cable or video service provider.
2. Enter the street address of the principal place of business of the cable or video service provider.
3. Enter the Federal Employer Identification Number or the Department of State, Division of Corporations' document number.
4. Enter the name, address, and business telephone number of the contact person to whom questions or concerns may be addressed.
5. Attach the signed and notarized affidavit which includes the description of the service area consistent with s.610.104(2)e(5)a & b, Florida Statutes.

The filing is good for 5 years and will expire on the 5 year anniversary date unless renewed.

Submit the application and affidavit along with a check made out to the
Department of State for \$10,035.00 (s610.104(11)&(12) to :

MAILING ADDRESS:

Cable and/or Video Franchising
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Cable and/or Video Franchising
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the Cable and/or Video Franchising Section by calling (850) 245-6010 between the hours of 8:00am- 5:00pm or writing to the address above.

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

1. Official name of the cable or video service provider:

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

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

4. 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: _____

5. 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
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Cable and/or Video Franchising
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

E. (State-Issued Cable Franchise)

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

I, _____, am employed with _____ in an official capacity as (officer, partner, owner, managing member) _____ and do hereby attest to the facts stated herein from my personal knowledge. I hereby swear and affirm that the following statements are true and correct:

- 1) The applicant is fully qualified under the provisions of Chapter 610, Florida Statutes, to file this application and affidavit for a certificate of franchise authority.
- 2) The applicant has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering cable or video service in this state.
- 3) The applicant agrees to comply with all applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, Florida Statutes, or other applicable state law.
- 4) The applicant agrees to comply with all state laws and rules and municipal and county ordinances and regulations regarding the placement and maintenance of communications facilities in the public rights-of-way that are generally applicable to providers of communications services in accordance with s. 337.401, Florida Statutes.
- 5) The description of the service area consistent with s. 610.104(2)(e) 5a & b, Florida Statutes, for which the applicant seeks a certificate of franchise authority is:

6) Applicant's principal place of business: _____

Names of the applicant's principal executive officers: _____

Physical address sufficient for purposes of Chapter 48, Florida Statutes: _____

- 7) The applicant will file with the Department of State a notice of commencement of service within (5) five
- 8) Business days after first providing service in each area described.
- 9) The applicant will notify the Department of State of any change of address or contact person.
- 10) The applicant's system shall comply with the Federal Communications Commission's rules and regulations of the Emergency Alert System.

Signature

Printed Name and Title

Sworn to affirmed and subscribed before me on this _____ day of _____, 20____,

By _____, personally known _____ or produced identification _____

(Name of Affiant) type of identification produced _____

Print, type or stamp name of notary and commission expiration _____

(SEAL)