

INSTRUCTIONS FOR AMENDING AN EXISTING STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY

**It is recommended that you read Chapter 610, Florida Statutes, before amending
an existing State-Issued Certificate of Franchise Authority**

1. Enter the name of the Franchise Certificate holder as it is reflected in the records of the Department of State.
2. Enter the current address of the Franchise Certificate holder.
- 3a. Enter the description of the new service area and the date of commencement of operations in compliance with s.610.104(2)(e)5, F.S. A new service area should be reported within 5 business days after first providing service.
- 3b. If there has been a transfer of interest, within 14 business days following completion of the transfer, enter the name and address of the successor in interest.
- 3c. If the contact person's name and/or address has changed, please enter the name of the new contact person and/or the address for purposes of service of process.
- 3d. If a Cable Provider Terminates its entire service area, enter the effective date the service was terminated in the space provided. The State-Issued Certificate of Franchise Authority will be terminated.

Mail amendment form with a check in the amount of \$35.00 made payable to the Department of State to one of the addresses below.

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

1) Name of Certificate holder _____

2) Address of Certificate holder: _____

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 areas. 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. Use attached pages if necessary

___ 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.

___ c) Other: (change of address or contact person)

___ d) Notice to Terminate Service.
Effective Date: _____

Printed Name and Title

Signature

Date