

**APPLICATION FOR RENEWAL OF 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, manger or managing member 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. Names of other principal executive officers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Florida street address for, or on behalf of, the Cable Service Provider, sufficient for purposes of service of process as required in Chapter 48, F.S.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Florida, \_\_\_\_\_
  
7. Service Area: On an attached page, list any change to the cable service provider's service area that is different from what is currently on file with the Division of Corporations. If the current service area is correctly listed with the Division, enter "no change" here: \_\_\_\_\_

I submit this Application for Renewal and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155,F.S.

\_\_\_\_\_  
Signature of officer, owner or Managing Member

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Date

## **INSTRUCTIONS FOR RENEWAL OF AN EXISTING STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY TO PROVIDE CABLE AND/OR VIDEO SERVICE**

Renewal of an existing state-issued Certificate of Franchise Authority to Provide Cable and/or Video Services is provided for in s. 610.104 (12), F.S. Please refer to this statute for specific questions.

1. Enter current name of Cable/Video Service Provider.
2. Enter the street address of the principal place of business of the Cable/Video Service Provider.
3. Enter the Federal Employer Identification Number (FEI) of the Cable/Video Service Provider or the Department of State's document number.
4. Enter the name, address, and business telephone number of a contact person who is an officer, partner, owner, member, manager or managing member for the Cable//Video Service Provider to whom questions may be addressed.
5. List the names of the principal executive officers.
6. List a Florida street address where service of process can be served on behalf of the Cable/Video Service Provider in accordance with Chapter 48, F.S.
7. If the description of the service area for the Cable/Video Service Provider is different than what is currently on file with the Division of Corporations, list the current description of the service area on an attached page. If the current service area description is correct, enter "no change" in the space provided.

**Signature:** The Application for Renewal must be signed by an officer, partner, owner, member or managing member attesting to its validity. It is considered to be a third degree felony to submit a false or fraudulent document to the Department of State. s.817.155, F.S.

**Processing Fee:** \$1,035.00. (s.610.104 (12),F.S.) Make your check out to the Florida Department of State. Return the Application for Renewal to the Division of Corporations in the enclosed self addressed envelope provided. The Application for Renewal is due within 30 days prior to the day and month of the original issue date on file with the Department of State. This date is listed as the "Issue Date" on the enclose print out

For questions or assistance call 850-245-6010.

### **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