



Secretary of State

**OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION**

313 West Tower
2 Martin Luther King Jr. Dr.
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

**TRANSMITTAL INFORMATION
GEORGIA CABLE/VIDEO STATE FRANCHISE**

IMPORTANT

Remember to include your e-mail address when completing this transmittal form.

Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you.

E-Mail: _____

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. _____
 Company Name of Cable/Video Service Provider (List exactly as it appears in documents)

Company's Mailing Address

2. _____ Telephone Number _____
 Name and title of person filing state franchise application (certificate will be mailed to this person at address below.)

Address

City State Zip Code

3. Mail the following items to the Secretary of State at the above address:

- 1) This transmittal form;
- 2) Application for State Franchise (Form GAVFL001);
- 3) A valid Certificate of Existence or Certificate of Authority, if applicable; and
- 4) Filing fee of \$500.00 payable to Secretary of State. Filing fees are NON-refundable.

Signature of Authorized Person: _____ Date: _____

Print Name: _____

Request certificates and obtain entity information via the Internet: sos.georgia.gov/corporations