



Secretary of State

OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION

313 West Tower  
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Atlanta, GA 30334  
(404) 656-2817  
sos.georgia.gov/corporations

**APPLICATION TO AMEND  
A STATE FRANCHISE**

Personally appeared before me the undersigned being duly sworn according to law, and swears to the facts contained in this application. Pursuant to O.C.G.A. § 36-76-5, as amended, the undersigned hereby applies to amend a state franchise.

1. The name of the certificate holder is:

\_\_\_\_\_

2. The franchise number of the certificate holder is:

\_\_\_\_\_

3. Statement of Amendment(s):

**a. Change in Service Area:**

Pursuant to O.C.G.A 36-76-5(d), a cable service provider or video service provider may modify its service area covered by the state franchise by notifying the Secretary of State of changes to the service area, with a copy provided to each affected municipal or county governing authority, **at least 20 days** prior to the effective date of such change. Such notification shall contain a geographic description of the new service area or areas and a list of each municipal or county governing authority within the service area. The service areas are described below and/or on an attached 8.5” x 11” map labeled as “Exhibit A.”

This service area change is effective on \_\_\_\_\_.  
(MM/DD/YYYY)

***Change in Service Area Description:***

**\_\_\_ b. Change in Principal Place of Business Address and/or Officer(s):**

The principal place of business of the certificate holder is:

\_\_\_\_\_

The principal executive officer(s) of the certificate holder are: *(Attach additional sheet if necessary.)*

<i>Name</i>	<i>Title</i>	<i>Address</i>

An effective date is not required when changing the certificate holder’s principal place of business address and/or principal executive officer(s).

**\_\_\_ c. Change in Certificate Holder’s Name (Entity Name):**

The new name of the certificate holder is:

\_\_\_\_\_

Submit supporting documentation showing the change of the entity name of the certificate holder with this application. An effective date is not required when changing the certificate holder’s name.

4. The certificate holder changing its service area certifies that a copy of this application has been provided to each affected municipal or county governing authority at least 20 days prior to the effective date of the change. A certificate holder changing its name, principal place of business address, and/or principal executive officer(s) certifies that a copy of this application has been mailed or provided to each affected municipal or county governing authority within 7 business days following the delivery of the application to the Secretary of State.

5. The certificate holder agrees to comply will all applicable federal and state laws and regulations, including municipal and county ordinances and regulations regarding the placement and maintenance of facilities in the public right of way that are generally applicable to all users of the public right of way and specifically including O.C.G.A. Chapter 9 of Title 25, the ‘Georgia Utility Facility Protection Act.’
  
6. The certificate holder agrees to pay to each affected local governing authority a franchise fee established by such local governing authority which shall not exceed the maximum percentage rate permitted in 47 U.S.C. Section 542(b) of the applicant’s gross revenues received from the provision of cable service or video service to subscribers located within the service area. Such franchise fee shall be paid directly to each affected local governing authority within 30 days after the last day of each calendar quarter.

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Officer/General Partner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_