

**E. (State- Issued Cable Franchise)**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

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, F.S., 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 services 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applicable federal and state laws and regulations, to the extent such state laws and rules are not in conflict with or superseded by the provisions of Chapter 610, F.S., or other applicable state law.
- 4) The applicant agrees to comply with all the 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, F.S.
- 5) The description of the service area consistent with s. 610.104 (2)(e) 5a & b, F.S., 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: \_\_\_\_\_

Street Address sufficient for purposes of Chapter 48, F.S.: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

Sworn to affirm and subscribe before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

☐ Personally known OR ☐ Produced Identification

(Name of Affiant)

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Name of Notary Public and Commission Expiration Date

Notary Public In and For the State of \_\_\_\_\_

\_\_\_\_\_  
Signature