

**ANNUAL FINANCIAL AND STATISTICAL DATA FORMS**

Financial and Statistical Data Forms for the year ending December 31, 20\_\_\_\_

Cable Operator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of person completing these forms: \_\_\_\_\_

Title: \_\_\_\_\_

Number of cable franchises in Massachusetts at most recent year end: \_\_\_\_\_

Number of cable subscribers in Massachusetts at most recent year end: \_\_\_\_\_

Form of Organization (circle one):    Corporation                  Partnership                  Other

Is the company owned or controlled by a Multiple System Operator (MSO)? \_\_\_\_\_

Name, address and telephone number of MSO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

G.L. c. 166A, sec. 8, requires the execution of this certification by the treasurer of the corporation.

I certify that all the information contained in these forms are true and complete to the best of my knowledge. All material changes requiring an explanation have been explained.

Signed and sworn to under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title