

CTV FORM 400
STATEMENT OF OWNERSHIP

Please provide the following information for each Issuing Authority. Note that communities served by the same legal entity may be aggregated.

- (1) (a) The full legal name of the cable operator's legal entity (corporation or partnership) holding the cable television license.

Name: _____

- (b) If applicable, the d/b/a or generally used name of the legal entity within the Issuing Authority's community.

Name: _____

- (2) The full legal name of the ultimate parent entity/ies which own(s) the corporation or partnership holding the cable license.

Name: _____

- (3) The regional office(s) managing the cable licenses in Massachusetts:

Name: _____

Street Address: _____

Municipality, State & Zip Code: _____

Contact Person: _____

Contact Person's Title: _____

Contact Person's Telephone Number: _____

- (4) The corporate office of the ultimate parent entity:

Name: _____

Street Address: _____

Municipality, State & Zip Code: _____

Contact Person: _____

Contact Person's Title: _____

Contact Person's Telephone Number: _____