



FORM **3016** Mandatory

**Video Franchise Annual Report**  
 Required under s. [66.0420](#) Wis. Stats and [DFI-CCS 20.04](#)

**Video Franchise ID #**

**1** Name of video franchise:

**2** Authorized representative (name and address):

**3** Principal office address (include phone number):

**4** Names and addresses of the principal executive officers (add additional pages if necessary):

Name:	Address:		
	City:	State:	Zip:
Name:	Address:		
	City:	State:	Zip:
Name:	Address:		
	City:	State:	Zip:
Name:	Address:		
	City:	State:	Zip:

**5** Number of video service subscribers for each municipality (additional space on page 3):

Name of Municipality:	Number of Subscribers:	Name of Municipality:	Number of Subscribers:

**6** Signature of person authorized to sign on behalf of the video franchise:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mailing Address:**  
 Dept. of Financial Institutions  
 Box 93348  
 Milwaukee WI 53293-0348

**Contact Information:**

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Name

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Mailing Address

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City	State	Zip Code
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Email Address	Phone Number
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**INSTRUCTIONS** (Ref. s. [66.0420](#) Wis. Stats and [DFI-CCS 20.04](#))

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at [DFICorporations@dfi.wisconsin.gov](mailto:DFICorporations@dfi.wisconsin.gov).

**Filing fees: 10,000 or less subscribers = \$100.00; More than 10,000 subscribers = \$2,000.00.**

1. Name of the Video Franchise.
2. Name and address of the person authorized to represent the video franchise before the department.
3. Location and telephone number of the video franchise's principal place of business.
4. Name(s) and address(es) of the principal executive officers of the video franchise.
5. Number of video service subscribers for each municipality within the video franchise area.
6. Name and signature of person authorized to sign on behalf of the video franchise.

