



REPORTING FOREIGN MEDIA OWNERSHIP/FUNDING

State Form 9900365 (10-25)
Statutory Authority IC 24-4-25.5

Diego Morales
INDIANA SECRETARY OF STATE
200 West Washington Street, Room 201
Indianapolis, IN 46204
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- INSTRUCTIONS: 1. Use 8½" x 11" white paper for attachments.
2. Please TYPE or PRINT LEGIBLY in INK. Print all forms single sided.
3. For additional forms please visit in.gov/sos/
4. Submit original completed paperwork to: 200 West Washington Street, Room 201, Indianapolis, IN 46204

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| 1. | Name of Entity |
| 2. | Is the entity a "media entity" as defined by IC 24-4-25.5-6? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Is the entity a "Indiana media entity" as defined by IC 24-4-25.5-5? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Does the entity have foreign ownership, which is ownership interest held or controlled by a foreign entity as defined in IC 24-4-25.5-1, equal or greater than five percent (5%) of the fair market value, market capitalization, or total voting rights? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | What is the total percentage of foreign ownership of the entity? |
| 6. | Has the entity received at least ten thousand dollars (\$10,000) in funding, as defined in IC 24-4-25.5-4, in aggregate, from one (1) or more foreign entities? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | What is the total amount of funding the entity has received from foreign entities? |
| 8. | Please provide in a separate attachment the purpose of funding received by foreign entities and how the funding from foreign entities was used. |
| 9. | Please fill out information in the chart below for each foreign entity that has an ownership interest in the media entity. (Attach separate documentation if necessary or preferable) |

| Name of Foreign Entity(ies) | Country of Origin of Each Foreign Entity(ies) | Percentage of Ownership or Amount of Funding | Address of Foreign Entity(ies) | Email or Phone Number of Foreign Entity(ies) |
|-----------------------------|---|--|--------------------------------|--|
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I hereby certify that the answers and information contained in this report are true and correct and that knowingly or intentionally failing to comply can lead to a civil penalty of not more than fifty thousand dollars (\$50,000).

Signature of owner, partner, or officer

Date (mm/dd/yyyy)

Print or type name of owner, partner, or officer

Title

Street Address

City

State

Zip Code

Email

Phone Number