This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 2/28/2018 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Alabama LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 665
		(Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	-	Zito Media - Clanton
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
INAILLE	Zito Alabama LLC	6203
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Clanton	AL
Community	Chilton County	AL
dd Rows as Necessary		
	ากสามเสียงและและเกิดสามเสียงและเกิดสามเสียงและเกิดสามเสียงและเกิดสามเสียงและเกิดสามเสียงและเกิดสามเสียงและเกิดสามเสียง	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM I
Name	Zito Alabama LLC								62
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide	pace E should on of television ay cable) in sp (June 30 or Do blocks in space v transmission umber of billing ice at the rate i harged for eacl (Example: "\$2 ounts allowed in space E, the to their subsci	cover a and rac ace F, r ecembe ce E cal service. (s in tha ndicate h catege (20/mth") for adva e form li ribers. (Il categories of lio broadcasts b not here. All the r 31, as the cas l for the numbe In general, you t category (the d—not the num bry of service. If . Summarize ar ince payment. sts the categori Give the numbe	secondary by your sy facts you se may be r of subsc u can com number of ber of set nclude bo ny standar es of seco r of subsc	stem to subscri state must be f b. ribers to the cal pute the number f persons or org s receiving serv th the amount or ord rate variation ondary transmis ribers and rate	bers. Give those existi- ble system, er of subscr janizations rice). of the charg s within a p sion servic for each lis	information ng on the broken ibers in charged e and the particular rate we that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again undo nas rate catego ers of services	nted as a additiona er "Serv pries for a that inc	a subscriber in al sets would be ice to additiona secondary tran clude one or mo	each appl e included Il set(s)." Ismission ore second	icable category in the count ur service that are dary transmission	. Example: ader "Servic different fr ons), list the	a residential be to the rom those em, together	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s)		215	24.91					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) description	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	her) infor that are ns: you ished to usually he cable stem fur e was n	mation with res not offered in c do not need to o nonsubscriber billed. If any ra e system for eac nished or offeren nade or establis	spect to al ombinatio give rate i rs. Rate in tes are ch ch of the a ch of the a	n with any seco information con formation shou arged on a vari applicable servio the accounting	ondary trans cerning (1) ld include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	17.50		ation: Non-resi tel, hotel	uential				
	Pay cable—add'l channel			nmercial					
	Fire protection			/ cable					1
	 Burglar protection 		• Pay	/ cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	50.00		glar protection					
	Additional set(s)			services:					
	FM radio (if separate rate) Converter			connect		30.00			
	- Conventer		• DIS	connect					1
			• • • • •	let relocation		30.00			

ing Period:	-			FORM SA1-2E. PAGE 3.
lame		CABLE SYSTEM:		SYSTEM ID# 6203
	Zito Alabama LLC PRIMARY TRANSMITTERS:			0203
ary itters: sion	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitute basis and also see page (v) of the general instruction or gram services such as HBO, ESPP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function of the general education for network multicast), "I" (for independent to refer the paper SA1-2 form. the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WVUA	7.1	I	Tuscaloosa AL
	WAIQ	26	Е	Montgomery AL
essary	WVTM	13.1	Ν	Birmingham AL
	WABM	68.1	Ι	Birmingham AL
	WBRC	6.1	Ν	Birmingham AL
	WIAT	42.1	Ν	Birmingham AL
	WTTO	21.1	I	Birmingham AL
	WSES	33.1	l	Birmingham AL

Accounting P EGAL NAME OF			/STEM·					I SA1-2E. PAGE
Lito Alabama		JABLE 31	STEM.					SYSTEM II
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co l sign of a the static cion's sign g a chech n's locati	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	8/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LUCATION OF STATION	CALL SIGN	AIVI OF FIM	S/D	LUCATION OF STATION	
				1				

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Zito Alabama LLC							6203
	SUBSTITUTE CARRIAG							
I I	In General: In space I, identi					ion that your	cable svete	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonnet	twork televisi	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No"	. leave the	rest of this pac	e blank. If vour answer is "	Yes." vou mu	ist complete f	the program	n
	log in block 2.	,		,	, , , , , , , , , , ,			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst	itute progra	m on a separa		vherever pos	sible, if their i	meaning is	
	clear. If you need more spa				vrogrom") the	t during the	accounting	
	period, was broadcast by a			ision program ("substitute p ur cable svstem substituted				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	ral instruction	ns for further	information	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	r "Yes." Otherwise enter "N	٥."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	n.			
				e community to which the			-CC or, in	
	the case of Mexican or Can Column 5: Give the mor			community with which the s			ith the mor	nth
	first. Example: for May 7 giv		when you byo			numeraio, w		
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	nd regulation	is in	
								•
						N SUBSTIT		
	S					AGE OCCU 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
						_	_	
							-	
						_	-	
						_	-	
						_		
							-	
							-	
							-	
							-	
						_	-	
						_		
							-	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Zito Alabama LLC		6203
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 3,677.32
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	_
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	-	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	: 2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME O Zito Alabam	OF OWNER OF CABLE SYSTEM: a LLC			SYSTEM ID 6203
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	bers, and (2) the cable system's otal number of channels on which ied television broadcast stations otal number of activated channe e cable system carried television	5	ng the accounting period.	8
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTI ct about this statement of accou	ER INFORMATION IS NEEDED (Ident it.)		
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665			
		(Number, street, rural route, apar Coudersport PA 169 (City, town, state, zip)			
	Email	teri.mcmullen@	zitomedia.com	Fax (optional)	
O Certification		DN (This statement of account m gned, hereby certify that (Check c	ust be certified and signed in accordance to the second and signed in accordance to the boxes.)	ce with Copyright Office regulations)	
	(Ow	vner other than corporation or p	artnership) I am the owner of the cable s	system as identified in line 1 of space B	; or
			tion or partnership) I am the duly author wner is not a corporation or partnership; o		ystem as identified
	X (Of	fficer or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a partnersl	hip) of the legal entity identified as own	er of the cable system
	are true, comp		nereby declare under penalty of law that a knowledge, information, and belief, and a		
			X /s/James Rigas Enter an electronic signature on the line : Enter signature using an "/s/ signature" (-	-
		Typed or printe	name: James Rigas		
		Title:	President fficial position held in corporation or partnership		
		(Title of		5)	

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inting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Alabama LLC	620
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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