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

STATEME	INT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Seconda	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions	are located	08/24/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. I the owner conducts the business of th	diary of another corporation, give the full con he cable system. he last day of the accounting period should s	
		single statement of account and royalty fee Check here if this is the system's first filing	e payment covering the entire account	ing period.	22007
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		COMMZOOM COMMUNICATIONS, LI	LC		
		BUSINESS NAME(S) OF OWNER OF)	
		MAILING ADDRESS OF OWNER OF (2438 BOARDWALK ST (Number, street, rural route, apartment, or suite nu			
		SAN ANTONIO, TX 78217 (City, town, state, zip)			
С				tify the business and operation of the esystem, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		СОММZООМ			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	umber)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Humo	COMMZOOM COMMUNICATIONS, LLC	220
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
П	"a separate and distinct community or municipal entity (including unincorporated	l communities within unincorporated areas and including single
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	
	as the "first community." Please use it as the first community on all future filings	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	THREE RIVERS	TX
Community		
d Rows as Necessary		
· · · · · · · · · · · · · · · ·		

								FORM SA1	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						SYS	TEM ID
	COMMZOOM COMMUN	ICATIONS,	LLC						2200
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIE	BERS AND RA	TES				
E	In General: The information in s								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	<i>,</i> , ,					lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both						ble system	n, broken	
scribers and	down by categories of secondary	y transmission	service.	In general, you	can con	npute the numb	er of subso	ribers in	
Rates	each category by counting the n			• • •		•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	• •	,		,				
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	has rate catego	ories for	secondary trans	smission	service that are	different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A two	o- or thre	e-word descript	ion of the	service is	
		DCK 1		П			BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATI
	Residential:	SUBSCRIDI	LKS	INAIL	CAT		VICL	SUBSCRIBERS	10411
	Service to first set		19	91.61					
	Service to additional set(s)			51.51					
	• FM radio (if separate rate)								
	Motel, hotel		3	91.61					
	Commercial		J	51.01					
	Converter								
	Residential								
	Non-residential								
	Non residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
F	In General: Space F calls for ra				-	• •			
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-	-		-		-	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip		•		IICU. LISI		vices in th		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV		RATE	CATEC	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	RATE		ion: Non-resid		RATE	CATEG	JRT OF SERVICE	RATE
	Pay cable			l, hotel	lonnai				
	Pay cable—add'l channel			mercial					
	Fire protection		•Pay						
	•Burglar protection			cable-add'l cha	nnel				
	Installation: Residential			protection					
	First set			lar protection					
	Additional set(s)		Other s	•					
	• FM radio (if separate rate)			onnect					
	Converter		• 1100	onnect					
	Converter			onnect					
	• Converter		• Outle	onnect et relocation e to new addres					

counting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	COMMZOOM COMMU	· ·		22007
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a 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 basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann- of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including im during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c ules, regulations, or authorizations: ie in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-t- ne carriage of certain network progra at(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul- he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educati uctions in the paper SA1-2 form.	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			3. THE OF STATION	
	KABB	29 		SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX
Add Rows as Necessary	KEDT	16	<u> </u>	CORPUS CHRISTI, TX
	WOAI	4	N-M	SAN ANTONIO, TX
	KPXL	26		
	KMYS	35		KERRVILLE, TX
	KSAT	12	N-M	SAN ANTONIO, TX
	KWEX	41	N-M	SAN ANTONIO, TX
	KIII	3	<u>N</u>	CORPUS CHRISTI, TX
	KRIS	6	N	
	KZTV	10	N	CORPUS CHRISTI, TX

EGAL NAME OF								SYSTEM 220
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf bignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t 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 ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5/0		UNEL OIGH		50	LOOMION OF STATION	
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	NS, LLC					22007
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	julations, or	authorizatio	ns. For a further
Substitute Carriage:	explanation of the programm				ne general in:	structions ir	i the paper S	A 1-2 10m.
Special	 1. SPECIAL STATEMEN • During the accounting per 					notwork tol	ovision prog	rom
Statement and	broadcast by a distant sta	-	ui cable system	in carry, on a substitute be	1313, any 11011			
Program Log	-					L	YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if t	heir meanin	a is
	clear. If you need more spa	ace, please	add additiona	I rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			"V " Otherwise enter	"NI-"			
				er "Yes." Otherwise enter casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the r	nonth
	Column 6: State the tim	es when th		ogram was carried by you				ately
	to the nearest five minutes	Example:	a program car	ried by a system from 6:07	1:15 p.m. to 6	6:28:30 p.m	i. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	e listed program	n was substituted for prog	ramming tha	t vour svste	em was <i>rea</i> u	uired
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	der FCC rules	s and regul	ations in	
	effect on October 19, 1976	•						.
	S	UBSTITUT	E PROGRAM	1		N SUBST	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		103 01 110	OALL OIGH		AND DAT	TROW	10	
							=	
							<u> </u>	
							_	
							_	
								"
							<u> </u>	
							_	
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								+
							_	
							_	
								+

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	YSTEM ID# 22007
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	9,271.86 ss receipts)
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 \$527,	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	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:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	SYSTEM ID# 22007
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on volume of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	11 160
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name JACOB T. GRAY	210-736-3376, EXT 1004
Information	Address 2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217 (City, town, state, zip) Email CFO@COMMZOOM.COM	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified ner of the cable system
	X /s/ JACOB T. GRAY Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: JACOB T. GRAY Title: CFO/COO	
	(Title of official position held in corporation or partnership) Date: AUGUST 24, 2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IMZOOM COMMUNICATIONS, LLC	2200
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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