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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/1/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1						
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
		Datcode Data Filling Period (optional - See Instructions)					
Accounting							
Period							
		Instructions:					
В		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.					
		of the substituting, 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 OWNERWALLING APPRECA OF CARLE OVOTEN					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Starpower Communications, LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		650 College Road East, Suite 3100					
		(Number, street, rural route, apartment, or suite number)					
		Princeton, NJ 08540					
		(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					
_	names	s 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:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rural route, apartment, or suite number)					
		(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.

		FORM SA1-2E. PAGE 1b
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Starpower Communications, LLC	063300
D	Instructions: List each separate community served by the cable system. A "cc "a separate and distinct community or municipal entity (including unincorpor 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 fili	ated communities within unincorporated areas and including single, It you list will serve as a form of system identification hereafter known ings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Bristow	VA
Community		
add Rows as Necessary		

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2			
	NO. OF		NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBER	S RATE		
Residential:						
 Service to first set 	2,095	8.61				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
		1		············		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		See Next Tab	
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 	35.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 	35.00		
		 Move to new address 			

RCN Telecom Services - Starpower Page 2 - Section F- Block 2

Additional Services Other Than Secondary Transmissions:Rate

• •	3 14.5 3 14.5	95
Aapka Colors International Premium	3 14.	
The state of the s		95
ART-Arabic International Premium	3 12.	95
CCTV4 International Premium S	9.9	95
CTI Zhong Tian International Premium	\$ 11.	95
CCTV4/CTI Zhong Tian International Premium	\$ 11.	95
The Filipino Channel (TFC) International Premium	3 11.	95
GMA Pinoy TV International Premium	3 12.	95
GMA Life TV International Premium	9.	95
GMA Pinoy/TFC International Premium	3 19.	95
GMA Life/GMA Pinoy/TFC International Premium	\$ 29.	95
GMA Pinoy/TFC/Filipino On Demand International Premium	\$ 29.	95
GMA Life/GMA Pinoy/TFC/Filipino On Demand International Premium	35.	95
TV-5 Monde International Premium	9.9	95
Antenna Satellite International Premium	3 14.	95
Mega Cosmos International Premium	11.	95
Antenna Satellite/Mega Cosmos International Premium	25.	95
RAITALIA International Premium	9.9	95
TV Japan International Premium	\$ 24.	95
MBC (Muhwa Broadcasting Corporation) International Premium	12.	95
TVK24 International Premium S	12.	95
TVK24/MBC International Premium	19.	95
MYX International Premium	4.9	95
TVN24 International Premium S	9.9	95
iTVN International Premium	14.	95
TVN24/iTVN International Premium	19.	95
RTPi International Premium S	9.9	95
TV Globo International Premium	19.	99
PFC International Premium	19.	95
TV Globo/PFC International Premium	29.	95
RTVI International Premium	9.9	95
RTVI Plus International Premium	9.	95
RTVI/RTVI Plus International Premium	14.	95
Channel One Russia (C1R) International Premium	14.	95
Russian Television Network (RTN) International Premium	15.	95
NTV America International Premium	15.	95
C1R/RTN/NTV America/RTVI/RTVI Plus International Premium	28.	95
ITV Gold International Premium	9.9	95
Star India Gold International Premium	9.9	95
Star One (name change to LifeOK in 2012) International Premium		95
Star India Plus International Premium	3 11.	95
	3 14.	95
Zee TV International Premium	3 14.	95
ITV/TV Asia International Premium	\$ 17.	95

Service	Туре	tail Rate
ITV/Zee TV/Aapka Colors	International Premium	\$ 19.95
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$ 21.95
TV Asia/Zee TV	International Premium	\$ 19.95
Star Gold/Life OK/Star Plus/ITV	International Premium	\$ 26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$ 27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$ 34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$ 39.95
MiVision Lite	International Premium	\$ 12.00
MiVision Plus	International Premium	\$ 22.95
Premiere Sports	Premiere Packages	\$ 8.99
Premiere News & Information	Premiere Packages	\$ 5.99
Premiere Children & Family	Premiere Packages	\$ 5.99
Premiere Movies & Entertainment	Premiere Packages	\$ 10.99
Premiere Total (includes all 4)	Premiere Packages	\$ 18.95
НВО	Premium	\$ 19.95
Showtime/The Movie Channel (TMC)	Premium	\$ 16.95
Cinemax	Premium	\$ 8.95
Starz	Premium	\$ 11.95
Showtime/TMC/Starz	Premium	\$ 21.95
HD Tier	High Definition Package	\$ 9.95
HD Expanded Tier	High Definition Package	\$ 8.99
The Jewish Channel	Subscription VOD	\$ 6.50
Bollywood Hits On Demand	Subscription VOD	\$ 9.95
Filipino On Demand	Subscription VOD	\$ 7.95
here! On Demand	Subscription VOD	\$ 8.95
Anime Network On Demand	Subscription VOD	\$ 6.99
Too Much for TV On Demand	Subscription VOD	\$ 17.99
Disney Channel Video On Demand	Subscription VOD	\$ 4.99
Fox Soccer Plus	Sports Premium	\$ 14.95
MLB Extra Innings (Regular Season)	Sports Package	\$ 164.99
MLB Extra Innings (Half Season)	Sports Package	\$ 119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$ 37.49
MLS Direct Kick (Full Season)	Sports Package	\$ 89.00
MLS Direct Kick (Half Season)	Sports Package	\$ 59.00
NFL Redzone (Full Season)	Sports Package	\$ 54.95
NHL Center Ice (Regular Season)	Sports Package	\$ 139.56
NBA League Pass (Early Bird Season)	Sports Package	\$ 189.00
NBA League Pass (Full Season)	Sports Package	\$ 199.00
NBA League Pass (Holiday Offer)	Sports Package	\$ 169.00
NBA League Pass (Half Season)	Sports Package	\$ 99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$ 49.00

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063300

Starpower Communications, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDCA	20	l	Washington, DC
WDCW	50	<u> </u>	Washington, DC
WETA	26	E	Washington, DC
WFDC	14	l	Washington, DC
WHUT	32	E	Washington, DC
WJLA	7	<u>l</u>	Washington, DC
WMDO	17	<u> </u>	Washington, DC
WMPT	22	<u> </u>	Annapolis, MD
WNVC (MHz2)	56	E	Fairfax, VA
WPXW	66	<u> </u>	Manassas, VA
WRC	4	N	Washington, DC
WTTG	5	<u> </u>	Washington, DC
WUSA	9	N	Washington, DC
WWPB	31	E	Hagerstown, MD
WZDC	25	<u> </u>	Washington, DC

LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC	nat your cable system car is, or authorizations. For a cons in the paper SA1-2 for the television program YES X Not complete the program is a comple	rried on a a further orm.		
Substitute Carriage: Special Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must or log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more specific was broadcast by a distant station? Note: If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute basis, any nonnetwork log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, diperiod, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is identified Column 5: Give the month and day when your system carried the substitute program. Use nut first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the ac	nat your cable system car is, or authorizations. For a cons in the paper SA1-2 for the television program YES X Not complete the program is a comple	rried on a a further orm.		
Substitute Carriage: Special Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must or log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonactowist live, enter "Yes," Otherwise enter "No." Column 2: Give the program was broadcast live, enter "Yes," Otherwise enter "No." Column 3: Give the call sign of the stations, if any, the community with which the station is identified. Column 4: Give the month and day when your system carried by your cable system. List to the nearest five minutes. Example: a program was substitute for program mass station is of the nearest five minutes. Example: a program was substitute for program mass stations, if any, the community with which the station is identified. Column 5: Give the month and day when your system carried by your cable system. List to the nearest five minutes. Example: a program was substitute for programming that your to delete under FCC rules and regulations, in effect during the substitute program. Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your system carried to delete under FCC rules and regulations in effect during the accounting period; enter the letter was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programmi	rk television program YES Nomplete the program e, if their meaning is suring the accounting ming of another station or further information. The information of the	a further orm.		
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, it substitute basis during the accounting period, under specific present and former FCC rules, regulation explanation of the programming that must be included in this log, see page (v) of the general instruction special statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 2. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program") that, diperiod, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes," Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is license the case of Mexican or Canadian stations, if any, the community with which the station is license the case of Mexican or Canadian stations, if any, the community with which the station is identifie. Column 5: Give the month and day when your system carried the substitute program. Use nut first. Example: for May 7 give "517." Column 6: State the times when the substitute program was carried by your cable system. Lis to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:34 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that	rk television program YES Nomplete the program e, if their meaning is suring the accounting ming of another station or further information. The information of the	a further orm.		
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must or log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, diperiod, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: "Foers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identifice. Column 5: Give the month and day when your system carried the substitute program. Use nur first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. Lis to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your system was permitted to delete under FCC rules and effect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	rk television program YES X N complete the program e, if their meaning is uring the accounting ming of another station or further information. ole, "I Love Lucy" or d by the FCC or, in d). merals, with the month t the times accurately of p.m. should be system was required P" if the listed program	10		
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwol broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must of log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, diperiod, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is license the case of Mexican or Canadian stations, if any, the community with which the station is identifie. Column 5: Give the month and day when your system carried the substitute program. Use nur first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. Lis to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your system was permitted to delete under FCC rules and effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S STATION'S STATION'S 5. MONTH	YES X N complete the program e, if their meaning is uring the accounting ming of another station or further information. ele, "I Love Lucy" or d by the FCC or, in d). merals, with the month t the times accurately of p.m. should be system was required P" if the listed program			
broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must of log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, do period, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for Do not use general categories like "movies" or "basketball." List specific program titles, for examp "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified Column 5: Give the month and day when your system carried the substitute program. Use nur first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:36 stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter "was substituted for programming that your system was permitted to delete under FCC rules and effect on October 19, 1976. SUBSTITUTE PROGRAM 2. LIVE? 3. STATION'S SUBSTITUTE PROGRAM 5. MONTH	e, if their meaning is uring the accounting ming of another station or further information. ele, "I Love Lucy" or d by the FCC or, in d). merals, with the month t the times accurately of p.m. should be system was required P" if the listed program			
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1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH	WHEN SUBSTITUTE			
I I. IIILE OF PROGRAM I	DEI	7. REASON FOR DELETION		
	o. Hivies			
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	_			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 063300

Starpower Communications, LLC

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 				 	
		 					
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Accounting Period:	2018/2			SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC			063300				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of h 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	s secondary transmow to compute this a	ission service amount, see					
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 \$263,800 • 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.							
	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 this six-mon accounting period is \$52.00							
	Line 1. Royalty fee for accounting period							
	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 a	ınd 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	t more than \$137,1	00)					
	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)					
	Enter the amount of gross receipts from space K	400,946.67						
	2. Base amount under statutory formula	263,800.00	<u>-</u>					
	3. Subtract line 2 from line 1	137,146.67	-					
	4. Multiply line 3 by .01		- 1,371.47					
	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, an	d 6	\$	2,690.47				
	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)	\$	2,690.47					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,710.47				
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form	-		ghts!				

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: mmunications, LLC	SYSTEM ID# 063300
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations. I number of activated channels able system carried television broadcast stations	302
N	INDIVIDUAL TO	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Individual to Be Contacted for Further Information	Name	Jacqueline Mathis Telephone 609-75	1-9316
	Address	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip)	
	Email	Jacqueline.Mathis@rcn.net Fax (optional)	***************************************
O Certification	I, the undersigned (Owner	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, but only one, of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or et of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	
	I have examined	line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	
		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: Parisa Salehani Title: Senior Vice President - Controller (Title of official position held in corporation or partnership)	
		Date: March 1, 2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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 sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
arpower Communications, LLC	063300
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	"
ID number First community served Accounting period	

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