

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA3
 Long Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
 Cable Systems (Long Form)*

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
07/22/2019	\$
	ALLOCATION NUMBER

Return to:
 Library of Congress
 Copyright Office
 Licensing Division
 101 Independence Ave. SE
 Washington, DC 20557-6400
 (202) 707-8150

For courier deliveries,
 see page ii of the general
 instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)			
	<input checked="" type="checkbox"/> January 1–June 30 2019 (Year)		<input type="checkbox"/> July 1–December 31 (Year)	
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. _____			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.		
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):		
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: P.O. BOX 478 <small>(Number, street, rural route, apartment, or suite number)</small> PAGO PAGO, AMERICAN SAMOA 96799 <small>(City, town, state, zip)</small>		
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.			
	1	IDENTIFICATION OF CABLE SYSTEM:		
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>		
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.			
	CITY OR TOWN		STATE	
	PAGO PAGO		AMERICAN SAMOA	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A	1
	Alliance	MD	B	2
	Gering	MD	B	3


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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.
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E Secondary Transmission Service: Sub- scribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:						
• Service to first set	2,389	\$55.99				
• Service to additional set(s)	502	\$28.00				
• FM radio (if separate rate)						
	56	\$10.00				
Motel, hotel						
Commercial						
Converter						
• Residential						
• Non-residential						

F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	\$9.99	• Motel, hotel				
• Pay cable—add'l channel	\$0.00	• Commercial				
• Fire protection		• Pay cable				
• Burglar protection		• Pay cable—add'l channel				
Installation: Residential		• Fire protection				
• First set	\$50.00	• Burglar protection				
• Additional set(s)	\$50.00	Other services:				
• FM radio (if separate rate)		• Reconnect	\$10.00			
• Converter		• Disconnect				
		• Outlet relocation	\$50.00			
		• Move to new address	\$50.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ▶ \$ 839,035.81 (Amount of gross receipts) IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.	L Copyright Royalty Fee
Block 1 MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. ▶ \$839,035.81 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. ▶ \$ 8,927.34	
Block 2 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3 Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero ▶ \$. Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero ▶ \$. Line 3. Add lines 1 and 2 and enter here. ▶ \$	
Block 4 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. ▶ \$ 8,927.34 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. ▶ \$. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet). ▶ \$. Line 4. FILING FEE: ▶ \$ 725.00 TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here. ▶ \$ 9,652.34 Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.	Name
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	6
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	84
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name ALA POASA	Telephone 684-699-2759
	<small>(Area code)</small>	
	Address P.O. BOX 478	
	<small>(Number, street, rural route, apartment, or suite number)</small>	
	PAGO PAGO, AMERICAN SAMOA 96799	
	<small>(City, town, state, zip)</small>	
	Email (optional) apoasa@blueskypacificgroup.com	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	<input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	<input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	<ul style="list-style-type: none"> • 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. sec. 1001] 	
		Handwritten signature: <i>Danielle King</i>
	Typed or printed name: DANIELLE KING	
	Title: FINANCIAL CONTROLLER	
	<small>(Title of official position held in corporation or partnership)</small>	
	Date: July 19, 2019	

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American Samoa Entertainment
 dba Moana TV
 Revenue 2019
 YTD

	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Basic Cable Service	147,825.24	113,632.93	150,153.85	142,273.51	139,853.02	130,873.38							824,611.93
Commercial Cable Service	2,217.99	2,689.97	2,453.98	2,153.98	2,453.98	2,453.98							14,423.88
TOTAL	150,043.23	116,322.90	152,607.83	144,427.49	142,307.00	133,327.36	-	-	-	-	-	-	839,035.81

DIGITAL

Monthly Subcount

Month	Basic			Starz			HBO			TFC			Cinemax			Sports			NFL Redzone			New Sub
	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	AVG	Begin Count	End Count	Average	Begin Count	End Count		
Mar'17	3083	3159	3121	1025	1034	1030	279	281	280	296	297	297	77	74	76	267	286	277	23	27	25	
Apr'17	3159	3217	3188	1034	1049	1042	281	279	280	297	302	300	74	69	72	286	288	287	27	28	28	
May'17	3217	3061	3139	1049	1003	1026	279	263	271	302	293	298	69	62	66	288	277	283	28	25	27	
Jun'17	3061	2952	3007	1003	980	992	263	264	264	293	287	290	62	63	63	277	270	274	25	25	25	
Jul'17	2952	2891	2922	980	937	959	264	279	272	287	295	291	63	60	62	270	255	263	25	24	25	
Aug'17	2891	2933	2912	937	951	944	279	292	286	295	305	300	60	54	57	255	251	253	24	23	24	
Sep'17	2933	3136	3035	951	1002	977	292	290	291	305	316	311	54	56	55	251	269	260	23	26	25	
Oct'17	3136	2964	3050	1002	960	981	290	273	282	316	305	311	56	53	55	269	257	263	26	26	26	
Nov'17	2964	2971	2968	960	939	950	273	265	269	305	308	307	53	83	68	257	254	256	26	25	26	
Dec'17	2971	2981	2976	939	957	948	265	243	254	308	292	300	83	82	83	254	246	250	25	28	27	
Jan'18	2981	2986	2984	957	965	961	243	252	248	292	288	290	82	71	77	246	255	251	28	26	27	
Feb'18	2986	2390	2688	965	769	867	252	198	225	288	242	265	71	54	63	255	212	234	26	23	25	
Mar'18	2390	2900	2645	769	922	846	198	234	216	242	283	263	54	76	65	212	286	249	23	24	24	
Apr'18	2900	1781	2341	965	559	762	252	148	200	288	172	230	71	47	59	255	152	204	26	14	20	
May'18	1781	3021	2401	559	958	759	148	250	199	172	287	230	47	76	62	152	258	205	14	25	20	
Jun'18	3021	2895	2958	958	904	931	250	230	240	287	281	284	76	76	76	258	254	256	25	23	24	

GLDS COUNT	May'17	Jun'17	Jul'17	Aug'17	Sep'17	Oct'17	Nov'17'	Dec'17	Jan'18	Feb'18	Mar'18	April	60%	May	June
Basic Service	3061	2952	2891	2933	3136	2964	2971	2981	2986	2390/1149	2900/955	2969	1781	Reported	2895 ✓
Hotel/Motel	59	56	56	56	56	56	56	56	56	Reported	Reported	56	65%	Reported	56 ✓
TTL	3120	3008	2947	2989	3192	3020	3027	3037	3042	32% due to	32% due to	3025			2951 ✓
Reduce															
New TTL	3120	3008	2947	2989	3192	3020	3027	3037	3042	Hurricane	Hurricane	3025			2951 ✓
Premium Starz	1003	980	937	951	1002	960	939	957	965	GITA	GITA	931	559		904 ✓
HBO	263	264	279	292	290	273	265	243	252			247	148		230 ✓
TFC	293	287	295	305	316	305	308	292	288			287	172		281 ✓
Cinemax	62	63	60	54	56	53	83	82	71			78	47		76 ✓
Sports	277	270	255	251	269	257	254	246	255			254	152		254 ✓
NFL Redzone	25	25	24	23	26	26	25	28	26			24	14		23 ✓

Prepared by : Ala Poasa
Date: 6/29/2018

1st Approval: Mohan Rajathuram
2nd Approval: _____
Final Approval: Douglas Creevey

[Handwritten Signature]
06/29/18