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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	08/22/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	63328
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BTC Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 255 (Number, street, rural route, apartment, or suite number)	
		Nahunta, GA 31553 (City, town, state, zip)	
С	INSTR	CCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
C	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)	
	1	\mathbf{h} , \mathbf{h} , \mathbf{v} , \mathbf{v} , \mathbf{v} , \mathbf{v} , \mathbf{v} , \mathbf{v}	

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 sufficiency of the fling, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	BTC Communications, Inc.	63328
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Nahunta	GA
Community	Hoboken	GA
	Hortense	GA
Rows as Necessary	Waynesville	GA

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	TEM ID
Name	BTC Communications, I							010	6332
E Secondary Transmission Service: Sub-	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both	pace E should on of television ay cable) in sp (June 30 or D	cover al and rad ace F, n ecembe	Il categories of io broadcasts I not here. All the r 31, as the cas	secondary by your system facts you se may be	stem to subscrib state must be to).	oers. Give i hose existi	nformation ng on the	
scribers and Rates	down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate cl 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. Note categories, that person or entity s subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system the	/ transmission umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed in space E, the to their subsc Where an in should be coun ble service to ance again und	service. gs in that indicated h catego 20/mth"). for adva e form lis ribers. G dividual nted as a additiona er "Serv	In general, you t category (the d—not the num ory of service. I . Summarize a nce payment. sts the categor Give the numbe or organization a subscriber in al sets would b ice to additiona	u can com number of ber of sets nclude bot ny standar ies of secco r of subsci is receivir each appli e included al set(s)."	pute the numbe persons or org s receiving servi th the amount o d rate variations ondary transmis ribers and rate f ng service that f icable category. in the count un	r of subscr anizations ice). f the charg s within a p sion servic for each lisi alls under of Example: der "Servic	ibers in charged e and the articular rate e that cable ted category different a residential e to the	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services	that inc	lude one or mo	ore second	lary transmissio	ns), list the	em, together ervice is	
	DLU	NO. OF					BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: • Service to first set		603	35.59	Expanded Basic				50.6
	Service to additional set(s)				Choice	Plus		70	40.3
	 FM radio (if separate rate) Motel, hotel 								
	Commercial								
	Converter								
	ResidentialNon-residential								
F Services Other Than Secondary Transmissions: 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 are 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) descrip	e (not subscrib hose services is e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are ns: you hished to usually he cable stem furn je was m	mation with re- not offered in c do not need to p nonsubscribe billed. If any ra e system for ea nished or offere- nade or establis	spect to all combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any seco nformation cond formation shoul arged on a varia upplicable servic he accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	1	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable			el, hotel	idential		Hispan	ic Tier	4.9
	Pay cable—add'l channel			nmercial			Variety		9.9
	Fire protection		• Pay	cable			HD Ext	ra!	3.9
	 Burglar protection 			v cable-add'l ch	annel		HBO		18.4
	Installation: Residential			protection			Cinema		15.7
	First set			glar protection			Stars & Showti	Encore	14.9 16.7
	 Additional set(s) FM radio (if separate rate) 			services: connect			Showth		10.7
	• Converter			connect					
	-			let relocation		85.00			
			Out			00.00			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	BTC Communications	s, Inc.		63				
	PRIMARY TRANSMITTERS: TELEVISION							
G		entify every television station (including moduling the accounting period, <i>excep</i>						
-	FCC rules and regulations i	n effect on June 24, 1981, permitting t	he carriage of certain network program	ms [sections				
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph	61(e)(2) and (4))]; and (2) certain stati	ions carried on a				
elevision	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							
	• Do not list the station here	ules, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program L	.og)—if the				
	station was carried only on	a substitute basis. also in space I, if the station was carrie	d both on a substitute basis and also	on some other				
	basis. For further information	on concerning substitute basis stations	, see page (v) of the general instruction	ons.				
		n's call sign. <i>Do not</i> report origination d with a station according to its over-the						
	"WETA-2" as the same on t	the form.						
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th					
		case whether the station is a network ring the letter "N" (for network), "N-M"						
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial educatio					
		erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis		is licensed by the				
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	the community with which the station	is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WFOX	32	I-M	Jacksonville, FL				
	WFOX DT2	32.2	I-M	Jacksonville, FL				
ws as Necessary	WFOX HD	32.1	I	Jacksonville, FL				
	WCWJ	34	I-M	Jacksonville, FL				
		34.1	1	· · · · · · ·				
	WCWJ HD	J7. I		Jacksonville, FL				
	WJXT	42	ı-M	Jacksonville, FL Jacksonville, FL				
			- I-M					
	WJXT	42	- I-M I-M	Jacksonville, FL				
	WJXT WJXT HD	42 42.1	l	Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2	42 42.1 42.2	I I-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX	42 42.1 42.2 10	I I-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD	42 42.1 42.2 10 10.1	I I-M N-M N	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP	42 42.1 42.2 10 10.1 10.2 19	I I-M N-M N N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD	42 42.1 42.2 10 10.1 10.2 19 19.1	I I-M N-M N N-M N-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2	I I-M N-M N N-M N-M N-M N-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13	I I-M N-M N-M N-M N-M N-M N-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1	I I-M N-M N N-M N-M N-M N-M N-M N-M N-M N	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1 13.1 13.2	I I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1 13.1 13.2 32.5	I I-M N-M N-M N-M N-M N-M N-M N-M N-M N-M I-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3 WJXXDT3	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1 13.2 32.5 10.3	I I-M N-M N-M N-M N-M N-M N-M N-M N-M I-M I-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Orange Park, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX HD WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3 WJXXDT3 WTVLDT3	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1 13.2 32.5 10.3 13.3	I I-M N-M N-M N-M N-M N-M N-M N-M N-M I-M I-M N-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3 WJXXDT3 WTVLDT3 WJCT	42 42.1 42.2 10 10.1 10.1 10.2 19 19.1 19.2 13 13.1 13.2 32.5 10.3 13.3 7	I I-M N-M N-M N-M N-M N-M N-M N-M I-M I-M N-M E-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX HD WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3 WJXXDT3 WTVLDT3 WJCT HD	42 42.1 42.2 10 10.1 10.2 19 19.1 19.2 13 13.1 13.2 32.5 10.3 13.3 7 7 7.1	I I-M N-M N N-M N-M N-M N-M N-M I-M I-M I-M N-M E-M E	Jacksonville, FL Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Jacksonville, FL				
	WJXT WJXT HD WJXTDT2 WJXX WJXX HD WJXX WP WJAX WJAX HD WJAX DT2 WTLV WTLV HD WTLV HD WTLV DT2 WFOX DT3 WJXXDT3 WTVLDT3 WJCT	42 42.1 42.2 10 10.1 10.1 10.2 19 19.1 19.2 13 13.1 13.2 32.5 10.3 13.3 7	I I-M N-M N-M N-M N-M N-M N-M N-M I-M I-M N-M E-M	Jacksonville, FL Jacksonville, FL Jacksonville, FL Orange Park, FL Orange Park, FL Jacksonville, FL				

ccounting Period:	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	BTC Communications	s, Inc.		63328
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	t (1) stations carried only on a part ne carriage of certain network prog	-time basis under rams [sections
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	 e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations can be a constrained on the station of the stations of a station of the stati		
	• Do not list the station here station was carried only on	Iles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried		
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channed of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	see page (v) of the general instruct orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- totions in the paper SA1-2 form. the community to which the station	ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WXGADT4	8.3	E-M	Waycross, GA
	WCWJDT2	34.2	I-M	Jacksonville, FL
	WCWJDT3	34.3	I-M	Jacksonville, FL
	WJXTDT3	42	I-M	Jacksonville, FL

EGAL NAME OF BTC Commu			'STEM:					SYSTEM I 633
	,							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	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				5,0		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	BTC Communications	, Inc.						63328
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-		-	ion that your o	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete t	he prograr	n
	log in block 2.					•		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute	orogram") tha	t during the s	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	informatior	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			CC or, in	
	the case of Mexican or Can Column 5: Give the mon			tem carried the substitute			th the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				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:	15 p.m. to 6:2	8:30 p.m. sho	buid 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 unde	r FCC rules a	nd regulations	sin	
								I
						N SUBSTIT		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCUI 6. TIN		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BTC Communications, Inc.	S	*STEM ID 63328
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E 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 service s amount, see	e 2,074.49
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 \$527	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	<u> </u>	
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance 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	ter of Copyrig	

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nications, Inc.				SYSTEM ID# 63328
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	ers, and (2) the cable system's to al number of channels on which d television broadcast stations . al number of activated channels cable system carried television I	total number h the cable s broadcast s	on which the cable system carried television broadcas of activated channels during the accounting period.	[29 359
N Individual to Be Contacted		O BE CONTACTED IF FURTHI		IATION IS NEEDED (Identify an individual to whom		
for Further Information	Name	Diann Goss		- 	Telephone 9	12-462-3136
	Address	P.O. Box 255 (Number, street, rural route, apartm Nahunta, GA 31553 (City, town, state, zip)	ment, or suite	number)		
	Email			Fax (optional)		
O Certification	• I, the undersig	ned, hereby certify that (Check on	ne, <i>but only</i> o	ed and signed in accordance with Copyright Office re one, of the boxes.) am the owner of the cable system as identified in line 1		r
	X (Off i • I have examine are true, comple	n line 1 of space B and that the ov icer or partner) I am an officer (if n line 1 of space B. ed the statement of account and h	wner is not a if a corporation hereby decla	nership) I am the duly authorized agent of the owner of a corporation or partnership; or on) or a partner (if a partnership) of the legal entity identi re under penalty of law that all statements of fact contair information, and belief, and are made in good faith.	fied as owner	
			Enter an ele	/s/ Donovan Strickland ectronic signature on the line above to certify this stateme ture using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	"	Donovan Strickland		
l		Title: (Title of of		Manager held in corporation or partnership)		
		Date:		8/22/2019		

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 the 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 telephon 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 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 t 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 lave

unting Period: 2019/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Communications, Inc.	6332
 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 scribers 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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sub- " Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym 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	Interest Assessment
	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
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 x	days
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
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