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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook 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	8/29/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	OUNTING 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.	63595
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		BellSouth Telecommunications, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2270 Lakeside Blvd (Number, street, rural route, apartment, or suite number)	
		Richardson, TX 75082 (City, town, state, zip)	
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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			

Privacy Act Notice: Section 111 of title 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (P 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 suffciency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	BellSouth Telecommunications, LLC	63595
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated con	
0	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Gainesville	FL
Community	Alachua Unincorporated County	FL
	Newberry	FL
dd Rows as Necessary		
ad nows as necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	1:					SYS	TEM ID
Humo	BellSouth Telecommun	ications, Ll	LC						6359
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in system, that is, the retransmissi about other services (including p last day of the accounting perior Number of Subscribers: Boi down by categories of secondar each category by counting the r separately for the particular sen Rate: Give the standard rate unit in which it is generally billed category, but do not include diss; Block 1: In the left-hand blo systems most commonly provid that applies to your system. Not categories, that person or entify subscriber who pays extra for c first set" and would be counted Block 2: If your cable system printed in block 1 (for example,	n space E sho on of television pay cable) in s d (June 30 or I th blocks in s y transmissior number of billin vice at the rate e charged for d. (Example: "\$ counts allowed ick in space E e to their subsi te: Where an i should be cou- able service to once again union m has rate cat tiers of service	ould cov n and ra pace F, Decemb pace E n service ags in that indicate each co 20/mth" f for adv E, the for cribers. andividua unted as addition der "Ser ategorie es that in	ver all catego dio broadcasts not here. All ther and the states of the states and the states of the states of the states and the states of the states of the states and the states of the states of the states of the states and the states of the states of the states of the states and the states of the st	ries of see s by your s he facts you ase may b umber of ou can co e number of source. Inc any stand hategories her of subs ion is recen n each ap be include hal set(s). ary transi nore seco	system to subso bu state must be be). subscribers to mpute the num of persons or co ets receiving se clude both the lard rate variation so of secondary scribers and rat eiving service th uplicable catego ed in the count of mission servic ndary transmission	ribers. Give e those exist of the cable oper of subs ry riganization ry cesses e for each l at falls und ry. Example under "Serv e that are sions), list t	e informatior sting on the e system, broken cribers ir is charged f the charge and particular rate sion service that isted category ler different e: a residentia vice to the different from the hem, together	the cable
	with the number of subscribers a sufficient.		ie right-i	TATIC DIOCK. A I		ee-word descri			
	BLO	OCK 1 NO. OF					BLOCK	X 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		1,301	\$19	HD Teo			613	\$10.00 \$0-\$1
	 Service to additional set(s) 				Set-To	рвох		1,307	\$4.99
	• FM radio (if separate rate)				Broado	cast TV Surd	harge	1,301	\$7.99
	Motel, hotel								
	Commercial		6	\$20.00					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for not covered in space E, that is, service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard Block 2: List any services th listed in block 1 and for which a brief (two- or three-word) descri	rate (not sub- those services re two exception or facilities fur nit in which it is rate column. rate charged nat your cable separate char	scriber) that are ons: you nished t s usually by the e syster ge was	information we enot offered in a do not need to to nonsubscrib v billed. If any r cable system m furnished o made or estab	with resp combinat o give rate ers. Rate rates are o for each or offered	tion with any se e information co information sho charged on a va of the applica during the ac	condary tra oncerning (ould include iriable per- ible servic counting p	Insmission 1) services 5 both the program basis es listed. eriod that were r	
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ounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	BellSouth Telecommu	inications, LLC		63595
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis. llso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESF e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent station, in the paper SA1-2 form. the community to which the station	levision stations) ime basis under ims [sections ions carried on a postitute program _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og)—if the _og) _if the _og _if the _ogif the _og _if the _ogif the _og _if the _og _if the _og _if the _ogif the _og _if the _og _if the _og _if the _og _if the _og _if the _og _if the _og _if the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCJB/WCJBHD	20/1020	N	Gainesville, FL
	WCJBD2/WCJBH2	20/1020	I	Gainesville, FL
ws as Necessary	WGFL/WGFLHD	28/1028	N	High Springs, FL
,	WGFLD2/WGFLH2	28/1028	l	High Springs, FL
	WNBW/WNBWHD	9/1009	N	Gainesville, FL
	WOGX/WOGXHD	51/1051	I	Ocala, FL
	WUFT/WUFTHD	5/1005	E	Gainesville, FL

BellSouth T	elecommu	nicatio	ns, LLC					SYSTEM I 635
	t every radio	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placin Give the statio	by the system by the system the rece at the Co ll sign of the station tion's sig g a checo n's locat	II-Band FM Carriage: Under stem whenever it is received vived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. Inal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable the station is licer	eadend, and (tenna, during age (v) of the system as a s nsed by the FC	(2) it car certain general separate	be expected, stated 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	
		1						

Accounting Perio	od: 2019/1						FORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF						SYSTEM ID#
Name	BellSouth Telecommu	nications	, LLC				63595
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G		
I	In General: In space I, identi substitute basis during the a	fy <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast by cific present and former FC	a <i>distant</i> stat C rules, regul	ations, or authoriza	tions. For a further
Substitute Carriage:	explanation of the programm				e general instr	uctions in the paper	I 5A I-2 101111.
Special	1. SPECIAL STATEMENT					turnin talau iaian mu	
Statement and	During the accounting peri-	•	r cable system	carry, on a substitute basis	s, any nonne		-
Program Log	broadcast by a distant stat	tion?				YE	ES NO
	Note: If your answer is "No"	', leave the	rest of this pag	e blank. If your answer is "	'Yes," you mι	ust complete the pr	rogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their mean	ing is
	clear. If you need more space Column 1: Give the title			sion program ("substitute p	orogram") tha	at during the accou	Intina
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Luc	y" or
			dcast live enter	"Yes." Otherwise enter "N	lo "		
				sting the substitute program			
				e community to which the			or, in
	the case of Mexican or Can			community with which the steet the steet the steet the second second second second second second second second			e month
	first. Example: for May 7 giv		when your sys		Jogram. 036		
			e substitute pro	gram was carried by your o	cable system.	. List the times acc	urately
	to the nearest five minutes.	Example: a	a program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should b	e
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that y	our system was <i>re</i>	auired
	to delete under FCC rules a						
	was substituted for program	ming that y					
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	l		N SUBSTITUTE	D 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO
						<u>-</u>	
							
						<u></u>	
						-	
						<u></u>	
						<u>-</u>	
						=	
1		1	1		II ==== =	1	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
	BellSouth Telecommunications, LLC		63595
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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 receipting the second service of the second service of the service of the second service of the service of the second service of the service of the service of the second service of the service of the service of the second service of the service of the second service of the service of the second service of the service of the service of the second service of the service of the second service of the service of the service of the second service of the service of the second service of the service of the second service of the second service of the service of t	tem's secondary trans of how to compute th	smission service
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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info BLOCK 1: GROSS RECEIPTS OF \$137,10	t less than \$527,600 prmation.	\$263,800
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe	e that you must pay for	this six-month
	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 and 2	• •
	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	· · · · · · · <u> </u>	
	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	18	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	0 (but less than \$52)	7,600)
	1. Enter the amount of gross receipts from space K	522,901.02	-
	2. Base amount under statutory formula	263,800.00	-
	3. Subtract line 2 from line 1	259,101.02	-
	4. Multiply line 3 by .01		2,591.01
	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	\$ 3,910.01
	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)	\$	3,910.01
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		\$ 3,930.01
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 fo	• •	

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC	SYSTEM ID# 63595
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 which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	14 308
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Susan Redding Telephone	972-269-1938
	Address 2270 Lakeside Blvd (Number, street, rural route, apartment, or suite number) Richardson, TX 75082 (City, town, state, zip)	
	Email sr7272@att.com Fax (optional)	
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 B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 owner 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)] (I a electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	stem as identified
	Typed or printed name: Michael Santogrossi Title: Vice President – Finance (Title of official position held in corporation or partnership)	
	Date: August 26, 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 telephol 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 lav

unting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
South Telecommunications, LLC	6359
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm

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