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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
2/25/2021	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2020/2									
B Owner	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. 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 OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	COX COMMUNICATIONS GULF COAST, LLC									
	03416020202									
				034160 2020/2						
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR ATLANTA, GEORIGA 30328									
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address	•	•							
System	1 IDENTIFICATION OF CABLE SYSTEM:	<u> </u>								
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identifi	fy only the frst co	mmunity served below and	relist on page 1b						
Area Served	with all communities. CITY OR TOWN	STATE								
First	PENSACOLA	FL								
Community	Below is a sample for reporting communities if you report multiple of	hannel line-ups ir	n Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	Α	1						
-	Alliance	MD	В	2						
	Gering	MD	В	3						

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.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community und" as defined in FC Circles." a Separate and distinct community or managed entity (including unincorporated community und" as defined areas and including simple, discrete unincorporated areas. "A" C.F.R. § 75.50d." The fix community was a form some and including simple, discrete unincorporated areas. "A" C.F.R. § 75.50d." The fix community was onlike will some as a form some and including simple, discrete with an including angle, discrete with a subscriber of the some and a community an	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
In FCC rules: "a separate and distinct community or municipal entity (including unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community to all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese: below the identification hereafter known as the "first community." Please use it as the first community on all future filings Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parenthese: below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9). CITY OR TOWN STATE CH LINE UP SUB GRP# PENSACOLA FL AB 2 CRESTVIEW FL AB 2 CRESTVIEW FL AB 2 CRESTVIEW-OKALOOSA COUNTY FL AB 2 CRESTVIEW-OKALOOSA COUNTY FL AB CRESTVIEW-OKALOOSA COUNTY FL AD CRESTVIEW-OK	COX COMMUNICATIONS GULF COAST, LLC			034160							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below CITY OR TOWN STATE CH LINE UP SUB GRP# FIL AA 1 First COMMUNITY FIL AB 2 CRESTVIEW CRESTVIEW FIL AB 2 CRESTVIEW-OKALOOSA COUNTY FIL AB ESCAMBIA COUNTY FIL AD 5 See instructions for additional information on alphabetization. FORT WALTON BEACH FREEPORT FIL AD 6 FREEPORT FIL AD 6 HURLBURT FIELD FIL AD 6 MARY ESTHER FIL AD 6 MAPY ESTHER FIL AD 6 NICEVILLE FIL AD 6 NICEVILLE-OKALOOSA COUNTY FIL AC 4 KINCEVILLE-OKALOOSA COUNTY FIL AC AC AC AC AC AC AC AC AC A	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form										
all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a numbe (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below CITY OR TOWN STATE CH LINE UP SUB GRP# PENSACOLA FL AD G CRESTVIEW CRESTVIEW CRESTVIEW-OKALOOSA COUNTY FL AB 2 CRESTVIEW-OKALOOSA COUNTY FL AD G See instructions for additional information on alphabetization. FREEPORT FREEPORT FREEPORT-WALTON BEACH FREEPORT-WALTON COUNTY FL AD G MARY ESTHER FL AD G MARY ESTHER	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses										
CITY OR TOWN STATE CH LINE UP SUB GRP# PENSACOLA FL AA 1 CINCO BAYOU FL AB 2 CRESTVIEW FL AB 2 CRESTVIEW-OKALOOSA COUNTY FL EGLIN AFB ESCAMBIA COUNTY FL AD 5 ESCAMBIA COUNTY FL AD 6 FREEPORT FREEPORT FREEPORT-WALTON COUNTY FORT WALTON BEACH - OKALOOSA COUNTY FL AD MARY ESTHER NICE VILLE NICEVILLE SHALIMAR FL AC A T CH LINE UP SUB GRP# CH AA 1 First Community FL AB 2 Community FL AB 2 Community FL AB Community FIL AB Community FIL AB A A A A A A A A A A A A A A A A A A	all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a subscriber group designated by a number (based on your reporting from Part 9).										
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FORT WALTON BEACH FREEPORT FREEPORT FREEPORT-WALTON COUNTY FL FORT WALTON BEACH - OKALOOSA COUNTY FL HURLBURT FIELD FL AD 6 MARY ESTHER FL AD 6 NICEVILLE FL AC Add rows as necessary. Add rows as necessary. FL AC AC SHALIMAR FL AD 5		FL	AA	1							
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WALTON COUNTY FL AF 3 AF 4 AF AF	SHALIMAR	FL	AD								
	WALTON COUNTY	FL	AF	3							
		<u> </u>									

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 034160

COX COMMUNICATIONS GULF COAST, LLC

Ε

Secondary Transmission Service: Subscribers and Rates

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	91,882	\$0-\$25.00				
 Service to additional set(s) 	37	No Cost				
 FM radio (if separate rate) 						
Motel, hotel	169	\$0-\$25.00				
Commercial	5,189	\$0-\$25.00				
Converter						
 Residential 	189,037	\$ 3.99				
Non-residential	27,669	\$ 3.99				
		†		†		

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.

	BLOCK 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential					
• Pay cable	\$ 15.99	Motel, hotel					
 Pay cable—add'l channel 	10.00-32.00	Commercial					
 Fire protection 		• Pay cable					
Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection					
 First set 	20-100.00	Burglar protection					
 Additional set(s) 	\$ 25.00	Other services:					
 FM radio (if separate rate) 		Reconnect					
Converter		Disconnect					
		Outlet relocation	\$0-\$50.00				
		Move to new address	20.00-50.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 5. BASIS OF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER STATION (If Distant) WALA-1 10.1 I No MOBILE, AL WALA-2 10.2 I-M No MOBILE, AL See instructions for additional information WALA-3 10.3 I-M No MOBILE, AL on alphabetization. WALA-4 10.4 I-M No MOBILE, AL WAWD-1 58.1 ı No FT WALTON BEACH, FL WDPM-1 18.1 I No MOBILE, AL WEAR-1 PENSACOLA, FL 3.1 Ν No WEAR-2 3.2 I-M No PENSACOLA, FL I-M WEAR-3 3.3 No PENSACOLA, FL WFBD-1 48.1 MOBILE, AL I No WFGX-1 35.1 ı No FT WALTON BEACH, FL WFGX-2 35.2 I-M No FT WALTON BEACH, FL WFGX-3 35.3 I-M No FT WALTON BEACH, FL WFNA-1 55.1 No ı **GULF SHORES, AL** WFNA-2 55.2 I-M No **GULF SHORES, AL** WFNA-3 55.3 I-M No **GULF SHORES, AL** WJTC-1 44.1 No PENSACOLA, FL ı WJTC-2 44.2 I-M No PENSACOLA, FL

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WKRG-1	5.1	N	No		MOBILE, AL
WKRG-3	5.3	I-M	No		MOBILE, AL
WMPV-1	21.1	I	No		MOBILE, AL
WPAN-1	53.1	I	No		DESTIN, FL
WPMI-1	15.1	N	No		MOBILE, AL
WPMI-2	15.2	I-M	No		MOBILE, AL
WPMI-3	15.3	I-M	No		MOBILE, AL
WSRE-1	23.1	Е	No		PENSACOLA, FL
WSRE-2	23.2	E-M	No		PENSACOLA, FL
WSRE-3	23.3	E-M	No		PENSACOLA, FL
WSRE-4	23.4	E-M	No		PENSACOLA, FL

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

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Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WALA-1	10.1	I	No		MOBILE, AL
WALA-2	10.2	I-M	No		MOBILE, AL
WALA-3	10.3	I-M	No		MOBILE, AL
WALA-4	10.4	I-M	No		MOBILE, AL
WAWD-1	58.1	I	No		FT WALTON BEACH, FL
WDPM-1	18.1	I	No		MOBILE, AL
WEAR-1	3.1	N	No		PENSACOLA, FL
WEAR-2	3.2	I-M	No		PENSACOLA, FL
WEAR-3	3.3	I-M	No		PENSACOLA, FL
WECP-1	18.1	N	No		PANAMA CITY, FL
WFBD-1	48.1	I	No		MOBILE, AL
WFGX-1	35.1	I	No		FT WALTON BEACH, FL
WFGX-2	35.2	I-M	No		FT WALTON BEACH, FL
WFGX-3	35.3	I-M	No		FT WALTON BEACH, FL
WFNA-1	55.1	I	No		GULF SHORES, AL
WFNA-2	55.2	I-M	No		GULF SHORES, AL
WFNA-3	55.3	I-M	No		GULF SHORES, AL
WJHG-1	7.1	N	No		PANAMA CITY, FL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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

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- 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
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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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL		CHANN	EL LINE-UP	AB (2)	
WJTC-2 44.2 I-M No PENSACOLA, FL WKRG-1 5.1 N No MOBILE, AL WKRG-3 5.3 I-M No MOBILE, AL WMPV-1 21.1 I No MOBILE, AL WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
WKRG-1 5.1 N No MOBILE, AL WKRG-3 5.3 I-M No MOBILE, AL WMPV-1 21.1 I No MOBILE, AL WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	44.1	I	No		PENSACOLA, FL
WKRG-3 5.3 I-M No MOBILE, AL WMPV-1 21.1 I No MOBILE, AL WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	44.2	I-M	No		PENSACOLA, FL
WMPV-1 21.1 I No MOBILE, AL WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	5.1	N	No		MOBILE, AL
WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	5.3	I-M	No		MOBILE, AL
WPMI-1 15.1 N No MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	21.1	I	No		MOBILE, AL
WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	53.1	I	No		DESTIN, FL
WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	15.1	N	No		MOBILE, AL
WSRE-1 23.1 E No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	15.2	I-M	No		MOBILE, AL
WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL	15.3	I-M	No		MOBILE, AL
WSRE-3 23.3 E-M No PENSACOLA, FL	23.1	E	No		PENSACOLA, FL
	23.2	E-M	No		PENSACOLA, FL
WSRE-4 23.4 E-M No PENSACOLA, FL	23.3	E-M	No		PENSACOLA, FL
	23.4	E-M	No		PENSACOLA, FL
		CHANNEL NUMBER 44.1 44.2 5.1 5.3 21.1 53.1 15.1 15.2 15.3 23.1 23.2 23.3	2. B'CAST CHANNEL NUMBER STATION 44.1 I 44.2 I-M 5.1 N 5.3 I-M 21.1 I 53.1 I 15.1 N 15.2 I-M 15.3 I-M 23.1 E 23.2 E-M 23.3 E-M	2. B'CAST CHANNEL NUMBER STATION (Yes or No) 44.1 I NO 44.2 I-M NO 5.1 N NO 5.3 I-M NO 21.1 I NO 15.1 N NO 21.1 I NO 15.1 N NO 23.1 E NO 23.2 E-M NO 23.3 E-M NO	CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 44.1 I No 44.2 I-M No 5.1 N No 5.3 I-M No 21.1 I No 53.1 I No 15.1 N No 15.2 I-M No 15.3 I-M No 23.1 E No 23.2 E-M No 23.3 E-M No

Primary Transmitters: Television

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		CHANN	EL LINE-UP	AC	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WALA-1	10.1	I	No		MOBILE, AL
WALA-2	10.2	I-M	No		MOBILE, AL
WALA-3	10.3	I-M	No		MOBILE, AL
WALA-4	10.4	I-M	No		MOBILE, AL
WAWD-1	58.1	I	No		FT WALTON BEACH, FL
WDPM-1	18.1	I	No		MOBILE, AL
WEAR-1	3.1	N	No		PENSACOLA, FL
WEAR-2	3.2	I-M	No		PENSACOLA, FL
WEAR-3	3.3	I-M	No		PENSACOLA, FL
WECP-1	18.1	N	No		PANAMA CITY, FL
WFBD-1	48.1	I	No		MOBILE, AL
WFGX-1	35.1	I	No		FT WALTON BEACH, FL
WFGX-2	35.2	I-M	No		FT WALTON BEACH, FL
WFGX-3	35.3	I-M	No		FT WALTON BEACH, FL
WFNA-1	55.1	I	No		GULF SHORES, AL
WFNA-2	55.2	I-M	No		GULF SHORES, AL
WFNA-3	55.3	I-M	No		GULF SHORES, AL
WJHG-1	7.1	N	No		PANAMA CITY, FL

Primary Transmitters: Television

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		CHANN	EL LINE-UP	AC (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WJTC-1	44.1	I	No		PENSACOLA, FL
WJTC-2	44.2	I-M	No		PENSACOLA, FL
WKRG-1	5.1	N	No		MOBILE, AL
WKRG-3	5.3	I-M	No		MOBILE, AL
WMBB-1	13.1	N	No		PANAMA CITY, FL
WMBB-2	13.2	I-M	No		PANAMA CITY, FL
WMPV-1	21.1	I	No		MOBILE, AL
WPAN-1	53.1	I	No		DESTIN, FL
WPMI-1	15.1	N	No		MOBILE, AL
WPMI-2	15.2	I-M	No		MOBILE, AL
WPMI-3	15.3	I-M	No		MOBILE, AL
WSRE-1	23.1	Е	No		PENSACOLA, FL
WSRE-2	23.2	E-M	No		PENSACOLA, FL
WSRE-3	23.3	E-M	No		PENSACOLA, FL
WSRE-4	23.4	E-M	No		PENSACOLA, FL

G

Primary Transmitters: Television

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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WALA-1	10.1	I	No		MOBILE, AL
WALA-2	10.2	I-M	No		MOBILE, AL
WALA-3	10.3	I-M	No		MOBILE, AL
WALA-4	10.4	I-M	No		MOBILE, AL
WAWD-1	58.1	I	No		FT WALTON BEACH, FL
WDPM-1	18.1	I	No		MOBILE, AL
WEAR-1	3.1	N	No		PENSACOLA, FL
WEAR-2	3.2	I-M	No		PENSACOLA, FL
WEAR-3	3.3	I-M	No		PENSACOLA, FL
WECP-1	18.1	N	No		PANAMA CITY, FL
WFBD-1	48.1	I	No		MOBILE, AL
WFGX-1	35.1	I	No		FT WALTON BEACH, FL
WFGX-2	35.2	I-M	No		FT WALTON BEACH, FL
WFGX-3	35.3	I-M	No		FT WALTON BEACH, FL
WFNA-1	55.1	I	No		GULF SHORES, AL
WFNA-2	55.2	I-M	No		GULF SHORES, AL
WFNA-3	55.3	I-M	No		GULF SHORES, AL
WJHG-1	7.1	N	No		PANAMA CITY, FL

G

Primary Transmitters: Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WJTC-1	44.1	I	No		PENSACOLA, FL
WJTC-2	44.2	I-M	No		PENSACOLA, FL
WKRG-1	5.1	N	No		MOBILE, AL
WKRG-3	5.3	I-M	No		MOBILE, AL
WMPV-1	21.1	I	No		MOBILE, AL
WPAN-1	53.1	I	No		DESTIN, FL
WPMI-1	15.1	N	No		MOBILE, AL
WPMI-2	15.2	I-M	No		MOBILE, AL
WPMI-3	15.3	I-M	No		MOBILE, AL
WSRE-1	23.1	E	No		PENSACOLA, FL
WSRE-2	23.2	E-M	No		PENSACOLA, FL
WSRE-3	23.3	E-M	No		PENSACOLA, FL
WSRE-4	23.4	E-M	No		PENSACOLA, FL

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COX COMMUNICATIONS GULF COAST, LLC

PRIMARY TRANSMITTERS: TELEVISION

In Concept, to spece C. identify every television station (including translator stations and low power television stations)

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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WECP-2	18.2	I-M	No		PANAMA CITY, FL
WECP-3	18.3	I-M	No		PANAMA CITY, FL
WECP-4	18.4	I-M	No		PANAMA CITY, FL
WFSG-1	56.1	Е	No		PANAMA CITY, FL
WFSG-2	56.2	E-M	No		PANAMA CITY, FL
WFSG-3	56.3	E-M	No		PANAMA CITY, FL
WFSG-4	56.4	E-M	No		PANAMA CITY, FL
WJHG-1	7.1	N	No		PANAMA CITY, FL
WJHG-2	7.2	I-M	No		PANAMA CITY, FL
WECP-1	18.1	N	No		PANAMA CITY, FL
WMBB-1	13.1	N	No		PANAMA CITY, FL
WMBB-2	13.2	I-M	No		PANAMA CITY, FL
WMBB-3	13.3	I-M	No		PANAMA CITY, FL
WPGX-1	28.1	I	No		PANAMA CITY, FL
WPGX-2	28.2	I-M	No		PANAMA CITY, FL
WPGX-3	28.3	I-M	No		PANAMA CITY, FL
WWEO-LD	24.1	I	No		DEFUNIAK SPRINGS, FL

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC 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 € 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 specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WAWD-1	58.1	I	No		FT WALTON BEACH, FL		
WEAR-1	3.1	N	No		PENSACOLA, FL		
WEAR-2	3.2	I-M	No		PENSACOLA, FL		
WEAR-3	3.3	I-M	No		PENSACOLA, FL		
WECP-1	18.1	N	No		PANAMA CITY, FL		
WECP-3	18.3	I-M	No		PANAMA CITY, FL		
WJHG-1	7.1	N	No		PANAMA CITY, FL		
WJHG-2	7.2	I-M	No		PANAMA CITY, FL		
WJTC-1	44.1	l	Yes	0	PENSACOLA, FL		
WMBB-1	13.1	N	No		PANAMA CITY, FL		
WMBB-2	13.2	I-M	No		PANAMA CITY, FL		
WMBB-3	13.3	I-M	No		PANAMA CITY, FL		
WMPV-TV -1	#N/A	#N/A	Yes	#N/A	#N/A		
WPGX-1	28.1	l	No		PANAMA CITY, FL		
WPGX-2	28.2	I-M	No		PANAMA CITY, FL		
WPGX-3	28.3	I-M	No		PANAMA CITY, FL		
WPMI-1	15.1	N	Yes		MOBILE, AL		
WPMI-2	15.2	I-M	Yes		MOBILE, AL		

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia 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 (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: 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 Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

,	5 1		'	'	'			
CHANNEL LINE-UP AF (2)								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WPMI-3	15.3	I-M	Yes	0	MOBILE, AL			
WSRE-1	23.1	Е	Yes	•	PENSACOLA, FL			
WSRE-2	23.2	E-M	Yes		PENSACOLA, FL			
WSRE-3	23.3	E-M	Yes	•	PENSACOLA, FL			
WSRE-4	23.4	E-M	Yes		PENSACOLA, FL			
	•			•				
	•			•				
	•			•				

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: RADIO Н 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

LEGAL NAME OF OWNER OF CACOX COMMUNICATION							1 LINIOD. 2020/2
COX COMMONICATION			С		S	034160	Name
SUBSTITUTE CARRIAGE:	: SPECIA	L STATEME	NT AND PROGRAM LO	 G			
In General: In space I, identify substitute basis during the accexplanation of the programmin form.	counting pe	eriod, under spe	ecific present and former F0	CC rules, regu	lations, or authorizations.	For a further	 Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBSI	TITUTE CARRIAGE				Carriage:
During the accounting perior				sis, any nonn	etwork television prograr	n	Special Statement and
broadcast by a distant static	-	·	•			X No	Program Log
Note: If your answer is "No",	leave the	rest of this page	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2. 2. LOG OF SUBSTITUTE I							
In General: List each substitt clear. If you need more space Column 1: Give the title of period, was broadcast by a dunder certain FCC rules, regreschaften for futher information titles, for example, "I Love Lu Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. Estated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules an gram was substituted for program of the program of the stated of the program of	tute prograte, please; of every no distant statulations, of on. Do no ucy" or "NE was broadign of the sedian static and day the "5/7." is when the Example: a "R" if the nod regulation.	am on a separa attach addition nnetwork televion and that your authorization at use general and Basketball: deast live, entertain broadca on's location (thous, if any, the when your system a program carrons in effect di	al pages. rision program (substitute our cable system substitute is. See page (vi) of the ge categories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "asting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01 in was substituted for programing the accounting perio	program) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	en, during the accounting gramming of another state ons located in the paper? List specific program ensed by the FCC or, in entified). The numerals, with the more accurate 28:30 p.m. should be gour system was require efter "P" if the listed pro	nth ly	
effect on October 19, 1976.	-	,	om was permitted to delet	o unuon 1 00	raics and regulations in		
effect on October 19, 1976.			om was permitted to doler		EN SUBSTITUTE	7 REASON	
SU		E PROGRAM	·	WHE CARR	N SUBSTITUTE	7. REASON FOR	
SU 1. TITLE OF PROGRAM	JBSTITUT 2. LIVE? Yes or No		·	WHE	EN SUBSTITUTE		
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	
SU 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S	!	WHE CARR 5. MONTH	EN SUBSTITUTE IAGE OCCURRED 6. TIMES	FOR	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give · State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM TO DATE **FROM** TO

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CO	X COMMUNICATIONS GULF COAST, LLC	034160	
Inst all a (as i	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you particularly amounts (gross receipts) paid to your cable system by subscribers for the system's secondary to identifed in space E) during the accounting period. For a further explanation of how to compute e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ransmission service	K Gross Receipts
IMP	during the accounting period. **PORTANT: You must complete a statement in space P concerning gross receipts.	\$ 21,431,367.87 (Amount of gross receipts)	
• Con • Con • If you fee to	(RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In sur system did not carry any distant television stations, leave block 3 blank. Enter the amount of from block 1 on line 1 of block 4, and calculate the total royalty fee. In sur system did carry any distant television stations, you must complete the applicable parts of the total royalty fee. In surface is the system of the system and attach the schedule to your statement of account. In art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered.	ne DSE Schedule	L Copyright Royalty Fee
bloc	ck 3 below. art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered		
3 be	elow.		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be ellock 4 below.	entered on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are re least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.00 system's gross receipts for the accounting period.		
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$ 21,431,367.87	
	This is your minimum fee.	228,029.75	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the inform space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, yo "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	ou must check	
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	\$ 36,221.74	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	53,612.06	
	Line 3. Add lines 1 and 2 and enter here	89,833.80	
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	\$ 228,029.75	Cable systems
	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.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	228,754.75	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #		additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See pa general instructions located in the paper SA3 form and the Excel instructions tab for r	3 ()	

Name	LEGAL NAME OF OWNER OF			_C			SYS	TEM ID# 034160
M Channels			•		-	carried television broadca	st stations	
- Ginamiolo	Enter the total numb system carried televis						33	
	Enter the total numbers on which the cable syland nonbroadcast se	system c	arried television bro				612	
N Individual to	INDIVIDUAL TO BE C			INFORMATION IS	S NEEDED: (Ide	ntify an individual		
Be Contacted for Further Information	Name Kristin V	on Sc	huch			Telephon	ne (404) 269-0827	
	•	eet, rural ro	oute, apartment, or suite		21 FLOOR			ш
	(City, town, sta	tate, zip)	ORIGA 30328 vonschuch@co	ov com		Fox (optional) N/A		
O Certifcation	• I, the undersigned, her			_		ce with Copyright Office re	gulations.)	
	(Owner other than o	corpora	tion or partnership)) I am the owner of	he cable system	as identifed in line 1 of spac	ee B; or	
	<u> </u>		corporation or par that the owner is not	• •		gent of the owner of the cab	le system as identified	
	in line 1 of space	e B.				the legal entity identifed as o	•	
	I have examined the st are true, complete, and [18 U.S.C., Section 100]	d correct t	to the best of my kno		•	all statements of fact contai are made in good faith.	ned herein	
	F	X	/s/ Sanford Mer	ncher				
	((e.g., /s/	John Smith). Before	entering the first for	vard slash of the /s	re to certify this statement. s/ signature, place your curso oid enabling Excel's Lotus co	or in the box and press the "F2" ompatibility settings.	
	-	Typed o	or printed name: S	Sanford Mench	ier			100
	_	Title:	SVP, Finance (Title of official positio	and Accounti				
	ı	Date:	February 24, 2021					

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 lay

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Mana				
COX COMMUNICATIONS GULF COAST, LLC	034160	Name				
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused the service of providing secondary transmissions pursuant to section of the service of providing secondary transmissions pursuant to section of the service of the service of providing secondary transmissions pursuant to section of the service of the	asic de sub-	P Special Statement				
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 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 YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Mailing Address						
Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	yment.	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	days 0274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	charge) please					
** 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the offling.	riginal					
Owner Address						
First community served Accounting period ID number						

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 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 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

Independent: its type-value is	1.00				
• Network: its type-value is	0.25				
Noncommercial educational: its type-value is					

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located in
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.

Santa Rosa	Stations A and C 35 mile zone Fairvale
∖ ai	Bodega Bay ns B, D, nd E le zone

Distant Stations Carried			Identification	of Subscriber Groups	_
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
ı	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

Total Base Rate Fee: \$6.497.20 + \$1.907.71 + \$1.604.03 = \$10.008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DSE SCHEDULE. PAG	1											
1	LEGAL NAME OF OWNER OF CABL		S	YSTEM ID#								
•	COX COMMUNICATION	034160										
	SUM OF DSEs OF CATEGOR											
	Add the DSEs of each station				5.05							
	Enter the sum here and in line	1 of part 5 of this	s schedule.		5.25							
	Instructions:											
2	In the column headed "Call S	Sign": list the cal	l signs of all distant station	ns identified by the	e letter "O" in column 5							
Computation	of space G (page 3).	': for each indens	andent station, give the DS	SE as "1.0": for ea	ach network or noncom-							
of DSEs for		In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	, 3		CATEGORY "O" STATIC	DNS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WJTC-1	1.000										
	WPMI-1	0.250										
	WPMI-2	1.000										
	WPMI-3	1.000										
	WSRE-1	0.250										
Add rows as	WSRE-2	0.250										
necessary. Remember to copy	WSRE-3	0.250										
all formula into new	WSRE-4	0.250										
rows.	WMPV-TV-1	1.000										
						L						

•	p	F	p	
•	L		L	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	COX COMM	UNICATIONS GULF	COAST, LLC					034160				
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 1: Li Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. BASIS OF 5. TYPE 6. DSE										
		SYSTE		N AIR	VALUE							
		SISILI	÷	=		v	=					
						X						
			÷ ÷			X	<u>-</u>					
			÷ ÷	_		v	=					
			÷	=		x	=					
			÷	=		x	=					
			÷	=		x	=					
			÷	=		x	=					
4 Computation	Add the DSEs Enter the su Instructions: Column 1: Giv • Was carried tions in effe	ect on October 19, 1976 (ation listed in space litution for a program (as shown by the lett	I (page 5, the Log that your system er "P" in column 7	g of Substitute Pr was permitted to of space I); and	o delete under FCC rules						
of DSEs for Substitute- Basis Stations	space I). Column 2: at your option. Column 3: Column 4:	For each station give the This figure should correintenter the number of days Divide the figure in colum This is the station's DSE	number of live, non spond with the inforr s in the calendar yea nn 2 by the figure in (For more informatio	network programs nation in space I. Ir: 365, except in a column 3, and giv on on rounding, se	s carried in subst a leap year. e the result in co ee page (viii) of th	itution for programs that olumn 4. Round to no less the general instructions in	were deleted	rm).				
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
				=		÷		=				
		-		=		÷		=				
						÷						
						÷						
		-	-	=		÷		=				
	Add the DSEs	oF SUBSTITUTE-BAS of each station. Im here and in line 3 of p		Ξ,		0.00						
5		ER OF DSEs: Give the ams applicable to your system		in parts 2, 3, and	4 of this schedule	and add them to provide	the total					
Total Number	1. Number o	f DSEs from part 2 ●			>	•	5.25					
of DSEs	2. Number o	f DSEs from part 3 ●			→	•	0.00					
	3. Number o	f DSEs from part 4 ●				•	0.00					
						-						
	TOTAL NUMBE	R OF DSEs				>		5.25				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

	WNER OF CABLE S		T, LLC				S	YSTEM ID# 034160	Name
n block A:	ck A must be comp		art 6 and part 7	of the DSE sched	lule blank and	l complete par	t 8, (page 16) of th	ne	6
If your answer if	"No," complete blo	cks B and C		TI TVICIONI M	ADVETO				Computation of
s the cable syster	n located wholly or	ıtside of all r		ELEVISION MA		ction 76 5 of E	CC rules and requ	lations in	3.75 Fee
effect on June 24, Yes—Com	•	schedule—D	·				oo raics and regu		
		BI O	CK B: CARR	IAGE OF PERM	MITTED DS	Fs.			
Column 1: CALL SIGN	under FCC rules	of distant stand regulation	ations listed in pons prior to Jundule. (Note: The	part 2, 3, and 4 of the 25, 1981. For fur the letter M below re	this schedule ther explanat	that your syste	d stations, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regued pursuant to a selfined al educational station (76.4 r DSE schedant to individually carried HF station well as to well as the station well as the statio	lations cited be to the FCC mared in 76.5(kk) (76 al station [76.59 65) (see paragrule). Lal waiver of FC ad on a part-timerithin grade-B co	5.59(d)(1), 76.61(e (c), 76.61(d), 76.6 aph regarding sub CC rules (76.7) e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b),)(1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered state	6.63(a) referring to		
Column 3:	*(Note: For those this schedule to c	stations ide	ntified by the le DSE.)	parts 2, 3, and 4 o tter "F" in column 2 2. PERMITTED		1. CALL	2. PERMITTED	14 of 3. DSE	
SIGN WPMI-2	BASIS	1.00	SIGN WMPV-TV-	BASIS B	1.00	SIGN	BASIS		
WPMI-3	M	1.00	VVIVIE V-I V-	В	1.00				
WSRE-1	С	0.25							
WSRE-2	M	0.25							
WSRE-3	M	0.25							
WSRE-4	М	0.25							
								4.00	
		E	BLOCK C: CO	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this s	schedule			·· ·		
	sum of permitted line 2 from line 1				to the 3.75 i	rate.			
(If zero, I	eave lines 4–7 bl	ank and pro	oceed to part	•			ı ,		Do any of the
me 4. ⊏nter gro	ess receipts from	space K (pa	aye ()				x 0.03	375	DSEs represent partially permited/
ine 5: Multiply li	ine 4 by 0.0375 a	and enter su	ım here				<u>X</u>		partially nonpermitted carriage?
ine 6: Enter tota	al number of DSE	Es from line	3				,		If yes, see part 9 instructions.
ine 7: Multiply li	ine 6 by line 5 an	d enter her	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC 034160											
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			_		
1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
									Computation 3.75 Fee		
									0.70100		

				•							
				•							
		•									
				•							
				•							
					<u> </u>						

ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS GULF COAST, LLC 034160 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B-Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)) S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 3. ACCOUNTING 6. PERMITTED 1. CALL 2. PRIOR 4. BASIS OF 5. PRESENT SIGN DSF **PERIOD CARRIAGE** DSF 7 Instructions: Block A must be completed. In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? X Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes-List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSEs 0.00 TOTAL DSEs 0.00

LEGAL NA	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	COX COMMUNICATIONS GULF COAST, LLC	034160	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	21,431,367.87	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC	SYSTEM ID# 034160
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block checked "Yes," use the total number of DSEs from part 5. cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. cur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. cur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscocated within that station's local service area and others were located outside that area. For the definition of a station area," see page (v) of the general instructions.	ck B below ribers
	_	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS /our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1 Section	Enter the amount of gross receipts from space K (page 7)	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	w.
		B. Enter 0.00701 of gross receipts (the amount in section 1) C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee.	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

TECH NAME OF CHAIF OF CAPIF OVERTEN	2)/2=====	
LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC	SYSTEM ID# 034160	Name
Section 4 If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here \$		Dage Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1) * \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here > \$		
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of televis shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported ups in Space G.	•	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your b		Computation
receipts from subscribers located within the station's local service area, from your system's total gross receipts this exclusion, you must:	i. To take advantage of	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that a station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your states.	Determine the number of rate fee for each group.	and Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both However, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially carried to that community.	distant station you	for Partially Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribe outside the station's local service area. A subscriber located outside the local service area of a station is distart the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they subscriber group must consist entirely of subscribers who are distant to exactly the same complement of static system will have only one subscriber group when the distant stations it carried have local service areas that co	ons. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each subscriber groups.	of your system's	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is a subscribers in the group. 	distant to all of the	
 If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as y and 4 of this schedule; or, 	ou gave it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you part 6 of this schedule.	gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the in the paper SA3 form.	ne general instructions	
 Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this sched page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscribe DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You your actual calculations on the form. 	er group (that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

COX COMMUNICATION			;			S	034160	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRII	BER GROUP		
	FIRST	SUBSCRIBER GROU	P	SECOND SUBSCRIBER GROUP			JP	•
COMMUNITY/ AREA	Channe	l Line-up A Sub-g	roup 1	COMMUNITY/ AREA	Channe	Line-up B Sub-g	roup 2	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
		-						
		-						
T-+-I D0F-			0.00	T-4-1 D05-		II.	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 9,930	,856.21	Gross Receipts Second	Gross Receipts Second Group \$ 1,953			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI	P		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Channe	l Line-up C Sub-g	roup 3	COMMUNITY/ AREA	Channe	Line-up C Sub-g	roup 4	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPMI-2	1.00							
WPMI-3	1.00					_		
WSRE-1	0.25					- 		
WSRE-2	0.25							
WSRE-3	0.25	-						
WSRE-4	0.25							
WMPV-TV-1	1.00							
	-					H		
		-				H		
								
Total DSEs			4.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 1,143	,723.99	Gross Receipts Fourth	Group	\$ 3,7	26,731.16	
Base Rate Fee Third (Group	\$ 36	,221.74	Base Rate Fee Fourth Group \$ 0.00			0.00	
Base Rate Fee: Add to			ber group a	as shown in the boxes abo	ove.	\$	36,221.74	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC 034160										
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP					
	FIFTH	SUBSCRIBER GRO	JP		_						
COMMUNITY/ AREA	Channe	l Line-up D Sub-	Sub-group 5 COMMUNITY/ AREA Channe		Line-up D Sub-g	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE		of				
								Base Rate Fo			
	<u> </u>		<u> </u>			=		and			
	···							Syndicated			
	···					_		Exclusivity			
	<u> </u>		<mark></mark>			L		_			
						_		Surcharge			
					<u> </u>			for			
								Partially			
					ļ			Distant			
								Stations			
			ļ		ļ						
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts First G	roup	s 165	5,457.01	Gross Receipts Secon	d Group	\$ 4,1	130,590.60				
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon	d Group	\$	0.00				
	SEVENTH	SUBSCRIBER GRO	JP		EIGHTH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA	Channe	l Line-up E Sub-	group 7	COMMUNITY/ AREA	COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
						=					
					1						
	-	-				_					
	<u> </u>		1			H					
						_					
	<u></u>										
	<u> </u>		-								
otal DSEs			0.00	Total DSEs			0.00				
Total DSEs			0.00	I TOTAL DOES			0.00				
Gross Receipts Third G	Group	\$ 380),411.65	Gross Receipts Fourth	Group	\$	0.00				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes at	oove.	\$					

LEGAL NAME OF OWNER COX COMMUNICA				miliou o.70 oluli		SY	STEM ID# 034160	Name
В				TE FEES FOR EACH				
		SUBSCRIBER GROU		SECOND SUBSCRIBER GROUP COMMUNITY/ AREA Channel Line-up B Sub-group 2				9
COMMUNITY/ AREA	Channe	l Line-up A Sub-ց	group 1	COMMUNITY/ AREA	Channel	Line-up B Sub-gro	oup 2	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	-							Exclusivity
		-						Surcharge
	-							for Partially
								Distant
								Stations
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 9,930	,856.21	Gross Receipts Second	d Group	\$ 1,95	3,597.25	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA	Channe	l Line-up C Sub-ç	group 3	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WJTC-1 WPMI-1	1.00 0.25							
	0.20							
	-							
		-						
	-							
	<u> </u>							
Total DSEs	1		1.25	Total DSEs	1		0.00	
Gross Receipts Third G	Gross Receipts Third Group \$ 1,143,723.99			Gross Receipts Fourth Group \$ 3,726,731.16			6,731.16	
Base Rate Fee Third G	roup	\$ 53	,612.06	Base Rate Fee Fourth	Group	\$	0.00	
			iber group a	as shown in the boxes ab	oove.	e E	3 612 06	
Enter here and in block	ડ, iine 1, sį	oace ∟ (page /)				\$ 5	3,612.06	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER COX COMMUNICA				initiod 0.70 Otal		SY	STEM ID# 034160	Name
В				TE FEES FOR EACH				
COMMUNITY/ ADD		SUBSCRIBER GROU		SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA Channel Line-up D Sub-group 6				9
COMMUNITY/ AREA	Channe	l Line-up D Sub- <u>զ</u>	group 5	COMMUNITY/ AREA	Channel	Line-up D Sub-gro	oup 6	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	-							and Syndicated
	-							Exclusivity
		-						Surcharge
	-							for Partially
								Distant
								Stations
	-							
	-	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 165	,457.01	Gross Receipts Secon				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
5	SEVENTH	SUBSCRIBER GROU	Р		EIGHTH	SUBSCRIBER GROUP	,	
COMMUNITY/ AREA	Channe	l Line-up E Sub-g	roup 7	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
	-							
	-	_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Gross Receipts Third Group \$ 380,411.65			Gross Receipts Fourth Group \$ 0.00			0.00	
Base Rate Fee Third Group \$ 0.00			0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes at	oove.	\$		