This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## **SA1-2E** Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instr	ems (Short Form) uctions are located of this workbook	3/2/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		sidiary of another corporation, give the full co	orporate
Owner	List any other name or names under whi	ch the owner conducts the business of	the cable system.	
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period should nting period.	submit a
	Check here if this is the system's first filir	ng. If not, enter the system's ID numbe	r assigned by the Licensing Division.	022007
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEN	Λ	
	COMMZOOM COMMUNICATIONS,			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	T)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	2438 BOARDWALK ST			
	(Number, street, rural route, apartment, or suite r SAN ANTONIO, TX 78217	number)		
	(City, town, state, zip)			

(City, town, state, zip code) Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

(Number, street, rural route, apartment, or suite number)

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space E

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

COMMZOOM

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COMMZOOM COMMUNICATIONS, LLC	022007
D	Instructions: List each separate community served by the cable system. A "cd "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter knowr ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN THREE RIVERS	TX
Community		
Rows as Necessary		

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							513	02200
	COMMZOOM COMMUN	ICATIONS,	LLC						02200
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s					y transmission s	ervice of th	he cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p						hose existi	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system.	. broken	
scribers and	down by categories of secondary						•		
Rates	each category by counting the nu	umber of billing	gs in that	t category (the	number of	f persons or org	anizations	charged	
	separately for the particular serv							a and the	
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc	· · ·	,		ny stanuai		s wiu iir a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca				••	•••	•		
	first set" and would be counted o								
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		16	07.69					
	Service to first set		10	97.68					
	• Service to additional set(s)								
	• FM radio (if separate rate)		4	07.69					
	Motel, hotel		1	97.68					
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat								
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services of		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s				-				
	brief (two- or three-word) descrip				SHOU. LISU				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mot	tel, hotel					
	• Pay cable—add'l channel		• Cor	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection		-	/ cable-add'l cł	nannel				
	Installation: Residential		-	e protection					
	• First set			glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		•Red	connect					
	• Converter			connect					
				tlet relocation					
			• Mov	ve to new addr	ess				

N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE
Name	соммгоом сомм	UNICATIONS, LLC		02
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (fo ), "E" (for noncommercial educational), or	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain si urried by your cable system on a s be Special Statement and Program I both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instruction of each station. For U.S. stations, list is adian stations, if any, give the name of th	the community to which the statio	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАВВ	29	<u> </u>	SAN ANTONIO, TX
	KENS	5	N-M	SAN ANTONIO, TX
Rows as Necessary	KEDT	16	E	CORPUS CHRISTI, TX
	WOAI	4	N-M	SAN ANTONIO, TX
	KPXL	26	l	UVALDE, TX
	KMYS	35	I	KERRVILLE, TX
	KSAT	12	N-M	SAN ANTONIO, TX
	KWEX	41	N-M	SAN ANTONIO, TX
	1./111			
	KIII	3	N	CORPUS CHRISTI, TX
		6	N	
	KIII KRIS KZTV	6		CORPUS CHRISTI, TX
	KRIS		N	
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX
	KRIS	6	N	CORPUS CHRISTI, TX

EGAL NAME OF								SYSTEM I 0220
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein t the Co sign of he static ion's sig g a chech i's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen:	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

Accounting Perio	od: 2021/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	F CABLE SYS	TEM:					SYSTEM ID#
Name	соммдоом сомми	INICATION	IS, LLC					022007
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	DG			
Substitute	In General: In space I, iden substitute basis during the explanation of the program	accounting pe	eriod, under sp	pecific present and former F	FCC rules, reg	ulations, or a	authorizatio	ns. For a further
Carriage:	1. SPECIAL STATEMEN	-			0			
Special	During the accounting pe				asis anv nonr	network tele	vision prog	Iram
Statement and	broadcast by a distant sta	•		in carry, on a capellate be	acio, any nom			
Program Log	bioaucast by a distant sta	10011					YES	× NO
	Note: If your answer is "Note: If your answer is "Note: If your answer is "Note: Note: Not	o", leave the	rest of this pa	age blank. If your answer i	is "Yes," you ı	must comple	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUT In General: List each subs			ate line. Lise abbreviation	s wherever n	ossible if th	oir moanin	a is
	clear. If you need more sp				is wherever p			y is
				vision program ("substitut	e program") t	hat, during t	he account	ting
	period, was broadcast by a							
	under certain FCC rules, r Do not use general catego							
	"NBA Basketball: 76ers vs			etball. List specific progra		example, T		0I
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad by fl		in
	the case of Mexican or Ca			the community to which the community with which the			le FCC or,	in
				stem carried the substitut			, with the r	month
	first. Example: for May 7 g							
	Column 6: State the tin to the nearest five minutes			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can	fied by a system norm 0.0	1.15 p.m. to t	.20.30 p.m.	SHOULD DE	
			listed program	n was substituted for proc	gramming that	t your syster	n was <i>requ</i>	lired
	Column 7: Enter the let		noted program	ii was substituted for prog				
	to delete under FCC rules	and regulation	ons in effect d	luring the accounting perio	od; enter the l			ogram
	to delete under FCC rules was substituted for progra	and regulation mming that y	ons in effect d	luring the accounting perio	od; enter the l			ogram
	to delete under FCC rules	and regulation mming that y	ons in effect d	luring the accounting perio	od; enter the l			ogram
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulation mming that y 6.	ons in effect d	luring the accounting perio	od; enter the l der FCC rules WHE	N SUBSTIT	TUTE IRRED	7. REASON FOR
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulation mming that y 5. SUBSTITUTE	ons in effect d your system w	luring the accounting perio	od; enter the l der FCC rules WHE	and regula	UTE IRRED MES	
	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulatic mming that y 5. SUBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting perio	od; enter the l der FCC rules WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	7. REASON FOR
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	to delete under FCC rules was substituted for progra effect on October 19, 1976	and regulatic mming that y 5. SUBSTITUTE 2. LIVE?	ons in effect d your system w E PROGRAM 3. STATION'S	luring the accounting perio	od; enter the l der FCC rules WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCL 6. TI	UTE IRRED MES	7. REASON FOR

Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	SI	STEM ID# 022007
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Err all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	,261.59
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-montl	
	Line 1. Royalty fee for accounting period	. \$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula   \$   263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)      8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		0.00
	9. TOTAL ROTALITY FEE PATABLE FOR ACCOUNTING PERIOD. Add lines / and o		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: COMMUNICATIONS, LLC				SYSTEM ID# 022007
M Channels	<ul> <li>to its subscriber</li> <li>1. Enter the tota system carried</li> <li>2. Enter the tota on which the o</li> </ul>	rs, and (2) the cable system's al number of channels on whic	total number of th the cable the cable the cable the cable the cable of the cable of the cable the cable of the cable of the cable of the cable the cable of the cable of the cable of the cable of the cable the cable of the cable of the cable of the cable of the cable the cable of the cable	which the cable system carried activated channels during the a	accounting period.	s 11 141
N Individual to Be Contacted	we can contact	about this statement of accou		TION IS NEEDED (Identify an i		
for Further Information	Name Address	JACOB T. GRAY			Telephone	210-736-3376, EXT 1004
		(Number, street, rural route, apart SAN ANTONIO, TX 7 (City, town, state, zip)		ber)		
	Email	CFO@COMMZ	ZOOM.COM		Fax (optional)210-403-268	38
O Certification	I, the undersign     (Own     (Agen     in     X     (Offic     in     · I have examine	eed, hereby certify that (Check c er other than corporation or p at of owner other than corpora line 1 of space B and that the c cer or partner) I am an officer ( line 1 of space B. d the statement of account and	one, <i>but only one</i> <b>partnership)</b> I an <b>ation or partner</b> pwner is not a co if a corporation) hereby declare i	the owner of the cable system a ship) I am the duly authorized ag	as identified in line 1 of space lent of the owner of the cable he legal entity identified as ov ments of fact contained herei	B; or system as identified wner of the cable system
	[18 U.S.C., Sect	Typed or printed Title:	Enter an electro Enter signature	JACOB T. GRAY nic signature on the line above to using an "/s/ signature" (e.g., /s/ COB T. GRAY		-
		(Title of o Date:	official position held	in corporation or partnership)	MARCH 01, 2022	

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 th 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 i 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 th 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

unting Period: 2021/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
IMZOOM COMMUNICATIONS, LLC	02200
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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