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.

### 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
2-24-22	\$ ALLOCATION NUMBER

### SA3E Long Form

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	2021/2							
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.  Other 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							
				03416020212				
				034160 2021/2				
	6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR							
	ATLANTA, GEORIGA 30328							
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	•						
	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address giver	in space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	it 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 cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#				
Sample	Alda	MD	A	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
COX COMMUNICATIONS GULF COAST, LLC			034160	
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpo areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	rated communities community that y	es within unincorpo ou list will serve as	rated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home below the identified city or town.	e parks should be	reported in parent	theses	
If all communities receive the same complement of television broadcast stations (i.e., one all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each releasingnated by a number (based on your reporting from Part 9).	column blank. If evant community	you report any state with a subscriber g	tions group,	
When reporting the carriage of television broadcast stations on a community-by-commun channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber groι			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	<u> </u>
PENSACOLA	FL	AA	1	First
CINCO BAYOU	FL	AD	6	Community
CRESTVIEW	FL	AB	2	
CRESTVIEW-OKALOOSA COUNTY	FL	AB	2	
DESTIN	FL	AC	4	
EGLIN AFB	FL	AD	5	See instructions for
ESCAMBIA COUNTY	FL	AA	1	additional information
FORT WALTON BEACH	FL	AD	6	on alphabetization.
FREEPORT	FL	AE	7	
FREEPORT-WALTON COUNTY	FL	AE	7	
FORT WALTON BEACH - OKALOOSA COUNTY	FL	AD	6	
HURLBURT FIELD	FL	AD	6	Add rows as necessary.
MARY ESTHER	FL	AD	6	
NICEVILLE	FL	AC	4	
NICEVILLE-OKALOOSA COUNTY	FL	AC	4	
SHALIMAR	FL	AD	5	
WALTON COUNTY	FL	AF	3	
	<u> </u>			<u> </u>

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COX COMMUNICATIONS GULF COAST, LLC

034160

## 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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	63,768	\$25-\$50.00					
<ul> <li>Service to additional set(s)</li> </ul>	8	No Cost					
<ul> <li>FM radio (if separate rate)</li> </ul>							
Motel, hotel	162	\$25-\$50.00					
Commercial	5,052	\$25-\$50.00					
Converter							
Residential	171,368	\$ 4.00					
Non-residential	27,248	\$ 4.00					
		ļ					

## 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.

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	\$ 15.99	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	10.00-32.00	Commercial				
<ul> <li>Fire protection</li> </ul>		Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
<ul> <li>First set</li> </ul>	20-100.00	Burglar protection				
<ul><li>Additional set(s)</li></ul>	\$ 25.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect				
Converter		Disconnect				
		Outlet relocation	\$0-\$50.00			
		<ul> <li>Move to new address</li> </ul>	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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WALA-1 10.1 No MOBILE, AL Т WALA-2 No MOBILE, AL 10.2 I-M See instructions for WALA-3 10.3 I-M MOBILE, AL additional information No on alphabetization WALA-4 10.4 I-M No MOBILE. AL WAWD-1 58.1 No FT WALTON BEACH, FL ı WDPM-1 18.1 1 No MOBILE, AL WEAR-1 3.1 N No PENSACOLA, FL PENSACOLA, FL WEAR-2 3.2 I-M No WEAR-3 3.3 I-M No PENSACOLA, FL WFBD-DT1 48.1/53.2 ı No PENSACOLA, FL WFGX-1 35.1 ı No FT WALTON BEACH, FL WFGX-2 I-M 35.2 No FT WALTON BEACH, FL WFGX-3 I-M 35.3 No FT WALTON BEACH, FL WFNA-1 55.1 No **GULF SHORES. AL** I WFNA-2 **GULF SHORES, AL** 55.2 I-M No WFNA-3 I-M **GULF SHORES, AL** 55.3 No WJTC-1 44.1 ı No PENSACOLA, FL WJTC-2 44.2 I-M PENSACOLA, FL No

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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) WKRG-1 5.1 No MOBILE, AL N WKRG-3 MOBILE, AL 5.3 I-M No WMPV-1 21.1 ı No MOBILE, AL WPAN-1 53.1 I No DESTIN, FL WPMI-1 15.1 No MOBILE, AL Ν WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 Ε No PENSACOLA, FL WSRE-2 23.2 PENSACOLA, FL E-M No WSRE-3 PENSACOLA, FL 23.3 E-M No WSRE-4 PENSACOLA, FL 23.4 E-M No

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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. 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	21.1	N	No		PANAMA CITY, FL
WFBD-DT1	48.1/53.2	I	No		PENSACOLA, FL
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

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

ACCOUNTING PERIOD: 2021/2 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 other

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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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.

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           WPAN-1         21.1         I         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           WSRE-4         23.4         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	WJTC-1	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	WJTC-2	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	WKRG-1	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	WKRG-3	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	WMPV-1	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	WPAN-1	53.1	ı	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	WPMI-1	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	WPMI-2	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	WPMI-3	15.3	I-M	No		MOBILE, AL
WSRE-3 23.3 E-M No PENSACOLA, FL	WSRE-1	23.1	E	No		PENSACOLA, FL
	WSRE-2	23.2	E-M	No		PENSACOLA, FL
WSRE-4 23.4 E-M No PENSACOLA, FL	WSRE-3	23.3	E-M	No		PENSACOLA, FL
	WSRE-4	23.4	E-M	No		PENSACOLA, FL
			<b></b>			

ACCOUNTING PERIOD: 2021/2 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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

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.

		01144110	EL LINE US	40		
	•	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	ı	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	ı	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	21.1	N	No		PANAMA CITY, FL	
WFBD-DT1	48.1/53.2	ı	No		PENSACOLA, FL	
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	
	•		•	•	•	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COX COMMUNICATIONS GULF COAST, LLC

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

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 specific 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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	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	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

G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2021/2 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD	
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	21.1	N	No		PANAMA CITY, FL
WFBD-DT1	48.1/53.2	I	No		PENSACOLA, FL
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

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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

Primary

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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

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<u> </u>			·	-	
		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	ı	No		MOBILE, AL
WPAN-1	53.1	ı	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

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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- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UF				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-1	21.1	N	No		PANAMA CITY, FL
WECP-2	21.2	I-M	No		PANAMA CITY, FL
WECP-3	21.3	I-M	No		PANAMA CITY, FL
WECP-4	21.4	I-M	No		PANAMA CITY, FL
WFSG-1	56.1	E	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
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	ı	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

**Primary** Transmitters: Television

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

ACCOUNTING PERIOD: 2021/2 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 other 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel 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 explanation 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 your 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 further 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 identifed. 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	21.1	N	No		PANAMA CITY, FL
WECP-3	21.3	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	I	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	21.1	I	Yes	0	Mobile, AL
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
WPMI-1	15.1	N	Yes		MOBILE, AL
WPMI-2	15.2	I-M	Yes		MOBILE, AL

Form SA3E Long Form (Rev. 05-17) U.S. Copyright Office

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
COX COMMUN	ICATIONS G	SULF COAS	ST, LLC		034160	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during t tions in effect of 6.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 4), or 76.63 (r ed in the next	period, except 81, permitting the eferring to 76.6° paragraph.	(1) stations carrie te carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters: 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.						
basis. For further in in the paper SA3 fo	nformation conc orm.	erning substit	ute basis station	ns, see page (v) o	tute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA WETA-simulcast).	associated wit A-2". Simulcast	h a station ac streams must	cording to its over the properties of the cording to its over the cordinate of the cordinat	er-the-air designa column 1 (list eac	es such as HBO, ESPN, etc. Identify stion. For example, report multi- stream separately; for example ion for broadcasting over-the-air in	
its community of licens on which your cable sy	se. For example ystem carried th	e, WRC is Chane station.	annel 4 in Wash	ington, D.C. This	may be different from the channel	
(for independent multi For the meaning of the Column 4: If the st planation of local serv	cast), "E" (for nese terms, see ation is outside ice area, see p	oncommercia page (v) of the the local servage (v) of the	l educational), o e general instruc rice area, (i.e. "c general instructi	or "E-M" (for nonce ctions located in t distant"), enter "Ye ions located in the	es". If not, enter "No". For an ex- e paper SA3 form.	
cable system carried to carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	the distant station on a part-tilision of a distant tentered into o a primary trans simulcasts, als hree categories	on during the me basis becan multicast streen or before Jumitter or an around on enter "E". If	accounting perional perion accounting perion account of the second second in the second second in the second in th	od. Indicate by en activated channel subject to a royalty tween a cable sy senting the prima channel on any of instructions locate	stating the basis on which your tering "LAC" if your cable system capacity.  y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the	
	Canadian statio	ons, if any, giv	e the name of th	ne community with	which the station is identifed.	
		CHANN	EL 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	E	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	
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/2

LEGAL NAME OF OWNER OF COX COMMUNICATION			3		S	034160	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì			
In General: In space I, ident substitute basis during the ac explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMENT	_				•		Carriage:
During the accounting per	_			s, any nonne	twork television program	1	Special Statement and
broadcast by a distant stat	ion?				☐Yes	X No	Program Log
Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mι	ust complete the progran	n	
log in block 2.							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
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ACCOUNTING PERIOD: 2021/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC **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 part-J time 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	X COMMUNICATIONS GULF COAST, LLC	SYSTEM ID# 034160	Name					
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identifed in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	dary transmission service	<b>K</b> Gross Receipts					
IMP	during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 21,646,006.71 (Amount of gross receipts)						
Instru Con Con If yo fee t If yo accc If pa	COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.  If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.  If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block							
▶ If pa	elow.  Int 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should	d be entered on line						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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. This is your minimum fee.	\$ 230,313.51						
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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 column to the part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	4, you must check						
	Line 3. Add lines 1 and 2 and enter here	\$ 95,080.21						
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  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 230,313.51 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate					
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 231,038.51	form for submitting the additional fees.					
	EFT Trace # or TRANSACTION ID #		addisional 1663.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (So general instructions located in the paper SA3 form and the Excel instructions tal							

ACCOUNTING PERIOD: 2021/2

h		TORWOASE, TAGE 0.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COX COMMUNICATIONS GULF COAST, LLC	034160
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	3
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	33
	system carried television broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	654
	and nonbroadcast services	
	INDIVIDUAL TO DE CONTACTED LE FUDTUED INFORMATION LE NEFEDED. (Idantife an individual	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Individual to	we can contact about this statement of account.)	
Be Contacted		
	Weight Van Oaksak	260 0027
for Further Information	Name Kristin Von Schuch Telephone (404)	203-0021
illomation		
	Address 6205B PEACHTREE DUNWOODY ROAD - 21 FLOOR	
	(Number, street, rural route, apartment, or suite number)	
	ATLANTA, GEORIGA 30328	
	(City, town, state, zip)	
	Email kristin.vonschuch@cox.com Fax (optional) N/A	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.	)
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Areat of super other than paymention or neutropolis) I am the duly outborized agent of the curve of the colds outloomed	a identified
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or	, identined
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the	cable system
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	/s/ Sanford Mencher	
	A 13/ Galliota Meticilei	
	Enter an electronic signature on the line share using an "left signature to earlife this statement	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box	and press the "F2"
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se	
	Typed or printed name: Sanford Mencher	
	Title: SVP, Finance and Accounting	
	(Title of official position held in corporation or partnership)	
	Date: Fahriani 46 0000	
	Date: February 16, 2022	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 034160	Name
COX COMMUNICATIONS GULF COAST, LLC	034100	
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 t lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusive scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	pasic lude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions i paper SA3 form.	n the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transm made by satellite carriers to satellite dish owners?	issions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0074	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	J274	
space L, (page 7)         \$           (interest)	charge)	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** 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 filing.		
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 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.

ACCOUNTING PERIOD: 2021/2

DSE SCHEDULE. PAGE 10.

# 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	0.25
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 SCHEDULE

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.

#### 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; (2) the total number of DSEs for that group's complement of stations; and (3) 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:

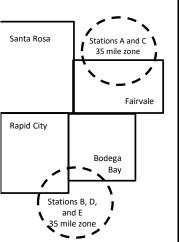
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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.



	Distant Stations Carried	1	Identification	Identification of Subscriber Groups				
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS			
n	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

		φ0,304.00				
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)

**ACCOUNTING PERIOD: 2021/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAGE						YSTEM ID#					
1											
•	COX COMMUNICATIONS	S GULF COAS	ST, LLC			034160					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	S:								
	<ul> <li>Add the DSEs of each station.</li> </ul>										
	Enter the sum here and in line 1		5.25								
	Instructions:										
	In the column headed "Call S	ign": list the call	signs of all distant stations i	dentified by the le	etter "O" in column 5						
	of space G (page 3).										
	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-										
Category "O"	mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE II	CALL SIGN	DSE					
Gtations	WJTC-1	1.000	O/ LEE GIGIT	BOL	O/ LE OIOI4	DOL					
	WPMI-1	0.250		· · · · · · · · · · · · · · · · · · ·							
	WPMI-2	1.000		<mark></mark>    -							
	WPMI-3	1.000		<mark></mark>		<u> </u>					
		<b></b>		··							
Add rows as	WSRE-1	0.250		·             -							
necessary.	WSRE-2	0.250		<mark> </mark>  .							
Remember to convial	WSRE-3	0.250		<mark></mark>							
formula into new	WSRE-4	0.250									
rows.	WMPV-TV-1	1.000									
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	LEGAL NAME OF O	WNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	COX COMMUNICATIONS GULF COAST, LLC 034160								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Column 2: figure should co Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all distar For each station, give th orrespond with the inform For each station, give th Divide the figure in colu at least to the third decim For each independent s alue as ".25." Multiply the figure in colu oint. This is the station's  2. NUMBE OF HOU CARRIE	ne number of he nation given in the total number of the nation give the figure all point. This is tation, give the num 4 by the figure DSE. (For more CATEGORY RISS	cours your cable system space J. Calculate only of hours that the static ure in column 3, and gist the "basis of carriage "type-value" as "1.0." If gure in column 5, and gist in column 5, and gist in column 5.  LAC STATIONS:  3. NUMBER OF HOURS STATION	carried the stati y one DSE for each on broadcast ove ve the result in o value" for the st For each network give the result in ling, see page (v	on during the a ach station. In the air during decimals in columation. In the or noncomme column 6. Rouriii) of the gener	the account mn 4. This t rcial educati nd to no les: al instruction	ing period. figure must onal station, s than the	E
		SYSTEM		ON AIR					
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						x x			
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			÷		=	x		=	
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			÷	:		X		=	
	Add the DSEs of	OF CATEGORY LAC Soft each station.  The here and in line 2 of particular to the station in line		edule,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I).     Column 2: F at your option. T Column 3: E Column 4: E	e the call sign of each sta by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo for each station give the in this figure should corresponder to enumber of days bivide the figure in column his is the station's DSE (	ution for a prog is shown by the rk programs du number of live, pond with the ii in the calendal n 2 by the figur	gram that your system a letter "P" in column 7 ring that optional carria nonnetwork programs of ormation in space I. It year: 365, except in a e in column 3, and give	was permitted to of space I); and ge (as shown by t carried in substi leap year. e the result in col	delete under F the word "Yes" in tution for progra lumn 4. Round	CC rules an column 2 of ams that we to no less th	re deleted an the third	).
		SU	BSTITUTE	BASIS STATION	S: COMPUTA	ATION OF D	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUME OF PROG	BER BRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		÷		=			÷		=
							÷		=
		÷					- +		
		÷					<del>-</del>		=
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. on here and in line 3 of pa		edule,			0.00		
5		R OF DSEs: Give the amo		poxes in parts 2, 3, and	4 of this schedule	e and add them	to provide th	e total	
Total Number	1. Number	of DSEs from part 2 ●				<b>&gt;</b>		5.25	
of DSEs		of DSEs from part 3 ●				•		0.00	
		of DSEs from part 4 ●				•		0.00	
							Г	<del></del>	
	TOTAL NUMBER	R OF DSEs							5.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/2

	OWNER OF CABLE		T, LLC				s	YSTEM ID# 034160	Name
In block A:  If your answer if ' schedule.	ck A must be comp  'Yes," leave the rer  'No," complete bloc	mainder of pa	·	of the DSE schedul	le blank and c	omplete part 8	, (page 16) of the		6
,				ELEVISION MA	ARKETS				Computation of
on June 24, 1981? Yes—Com	n located wholly ou plete part 8 of the solete blocks B and 6	schedule—D	•				Crules and regulat	ions in effect	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	of distant sta gulations price e DSE Scheo	ations listed in p or to June 25, 19 dule. (Note: The	art 2, 3, and 4 of th 981. For further exp letter M below refe	nis schedule th	nat your system ermitted station	s, see the	,	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station.  (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 1981  G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]  M Retransmission of a distant multicast stream.									
Column 3:		stations ider	ntified by the let	parts 2, 3, and 4 of ter "F" in column 2, 2. PERMITTED		nplete the work	csheet on page 14	of 3. DSE	
SIGN	BASIS	4.00	SIGN	BASIS	4.00	SIGN	BASIS		
WPMI-2 WPMI-3	M M	1.00 1.00	WMPV-TV-	В	1.00				
WSRE-1	C	0.25							
WSRE-2	М	0.25							
WSRE-3	М	0.25							
WSRE-4	M	0.25							
								4.00	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
	e total number of								
(If zero, I	line 2 from line 1 eave lines 4–7 b	lank and pro	oceed to part 7	•		ate.			_
ne 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially permited/
.,	ine 4 by 0.0375 a						х		partially nonpermitted carriage?
ine 6: Enter tot	al number of DSE	Es from line	3						If yes, see par 9 instructions
ine 7: Multiply I	ine 6 by line 5 an	nd enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

	OWNER OF CABLE S		Τ, LLC				S	YSTEM ID# 034160	Name
				SION MARKETS			1		e
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
 									3.73166
 			-						
	1.		1.1	1			1	1	1

**ACCOUNTING PERIOD: 2021/2** 

DSE SCHEDULE. PAGE 14.

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 identifed 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.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSE **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. **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** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial 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 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	AME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC	SYSTEM ID# 034160	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	21,646,006.71	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 defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.	w.	
	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?      \( \text{\bar{X}} \) 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 D is 4.00 are less, provided to the complete the applicable section 3b blank.	ose	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  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		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
JD	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 D is 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 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		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
-		COX COMMUNICATIONS GULF COAST, LLC	034160
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		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	<u></u>
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of pachecked "Yes," use the total number of DSEs from part 5.	art
		checked Tes, use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	_	ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	rr answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	OW
Buod Hato I do		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local service area and others were located outside that area. For the definition of a station's	al
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	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	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	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 <b>4.000 or less</b> , 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)	
		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
	1		

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/2

DOL 001	125012.17.62 11.	Accounting	31 EMOD. 2021/2
	AME OF OWNER OF CABLE SYSTEM:  COMMUNICATIONS GULF COAST, LLC	034160	Name
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		_
4	A. Enter 0.01064 of gross receipts (the amount in section 1)  * **Section 1**  **	_	8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>	_	Base 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 <b>&gt;</b> \$		
	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	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad		Computation
	on, you must:	vantage of this	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each subscriber group. That total is the base rate fee for your system.	he number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in parampute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
	oldentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant station to that community.	on you	Stations
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc the station's local service area. A subscriber located outside the local service area of a station is distant to that stat ne token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system	m's subscriber	
	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• lf:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,	parts 2, 3, and	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	ock B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in a paper SA3 form.	structions	
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	t 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.

LEGAL NAME OF OWNER COX COMMUNICA						SY	O34160	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIE	BER GROUP		
	FIRST	SUBSCRIBER GROU	<b>-</b>		SECOND	SUBSCRIBER GROUP	)	•
COMMUNITY/ AREA	Channe	l Line-up A Sub-g	roup 1	COMMUNITY/ AREA	Channel	el Line-up B Sub-group 2		<b>9</b> 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
			ļ		ļ			
	<b>.</b>		ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	s 10,087	,101.57	Gross Receipts Second	d Group	\$ 1,93	5,669.38	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	<b>-</b>		FOURTH	SUBSCRIBER GROUP	)	
COMMUNITY/ AREA	Channe	l Line-up C Sub-g	roup 3	COMMUNITY/ AREA	Channel	Line-up C Sub-gro	oup 4	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WPMI-2	1.00							
WPMI-3	1.00							
WSRE-1 WSRE-2	0.25	-						
	0.25				<b></b>		·	
WSRE-3 WSRE-4	0.25 0.25			-			<u></u>	
WMPV-TV-1	1.00							
ANIMIE A-1 A-1	1.00				<b></b>		····	
							····	
					<b></b>			
			İ		<b></b>			
			<b>†</b>		<b>_</b>			
Total DSEs			4.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 1,210	,518.88	Gross Receipts Fourth	Group	\$ 3,74	2,153.67	
Paca Pata Esa Third Co	roup		227.42	Base Rate Fee Fourth	Group		0.00	
Base Rate Fee Third G	ισαρ	\$ 38	,337.13	Dase Nate Fee Foulti	Эгоар	\$	0.00	
Book Both Form Addition	. haar :::1:	food for ocal and and		a abaum in the bessel				
Enter here and in block			∪ei group a	s shown in the boxes abo	ove.	\$ 3	8,337.13	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS GULF COAST, LLC  034160								Name
		COMPUTATION O SUBSCRIBER GRO		ATE FEES FOR EACH		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		el Line-up D Sub-		COMMUNITY/ AREA		Channel Line-up D Sub-group 6		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs		450	0.00	Total DSEs	1.0		0.00	
Gross Receipts First G	roup	\$ 150	3,417.04	Gross Receipts Secon	d Group	\$ 4,1	07,761.98	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO el Line-up E Sub-		COMMUNITY/ AREA	EIGHTH	SUBSCRIBER GROU	JP <b>0</b>	
	Onanie	i Lilie-up L Oub-	group 1	COMMONT I/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$ 404	4,384.19	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes ab	oove.			

LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS GULF COAST, LLC  034160							Name	
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EACH	SUBSCR	BER GROUP	-	
		SUBSCRIBER GRO			SECOND	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Channe	l Line-up A Sub	-group 1	COMMUNITY/ AREA	Channel Line-up B Sub-group 2			9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
		0.320.					DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
		-				<u> </u>		Surcharge
								for
		-				.		Partially
	<del></del>				<del></del>	+		Distant Stations
					-			Jianons
					<b>-</b>	<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 10,08	7,101.57	Gross Receipts Secon	d Group	s 1,9	935,669.38	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Channe	l Line-up C Sub	-group 3	COMMUNITY/ AREA Channel Line-up C Sub-group 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WJTC-1 WPMI-1	1.00 0.25							
VVPIVII-I	0.25					+		
			···			·		
		-				<u> </u>		
		-						
					<u> </u>			
			<del></del>		<del></del>			
Total DSEs			1.25	Total DSEs		11	0.00	
Gross Receipts Third (	Group	\$ 1,21	0,518.88	Gross Receipts Fourth	n Group	\$ 3,7	742,153.67	
Base Rate Fee Third (	Group	\$ 5	6,743.07	Base Rate Fee Fourth	Group	\$	0.00	
				Ш				
Base Rate Fee: Add the Enter here and in block			criber group a	as shown in the boxes ab	oove.	s	56,743.07	
or note and in biod!	. o, mie i, sp	Laso L (page 1)				4	30,7 70.07	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS GULF COAST, LLC  034160											
		BER GROUP	SUBSCRIE	ATE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:					
	Р	SUBSCRIBER GROUP	SIXTH		IP	FIFTH SUBSCRIBER GROUP						
9 Computation of	hannel Line-up D Sub-group 6			COMMUNITY/ AREA	group 5	el Line-up D Sub-ç	Channe	COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
Base Rate Fo												
and												
Syndicated												
Exclusivity												
Surcharge		_										
for						-						
Partially			<u>-</u>		ļ		<u>-</u>					
Distant			-				-					
Stations	<u></u>		-				-					
	<u></u>		-				-					
			<del>-</del>		<b></b>		<del></del>					
	<u></u>		<b>-</b>		<b></b>		<del>-</del>					
	<del></del>		<del></del>				<del>-</del>					
		-	····				<del></del>					
	0.00		-	Total DSEs	0.00		<u> </u>	Total DSEs				
	Gross Receipts Second Group \$ 4,107,761.98				Gross Receipts First Group \$ 158,417.04							
		\$ 4,10	d Group	Gross Receipts Second	,	100	oup	Oross recocipts i list of				
		\$ 4,10		Gross Receipts Second  Base Rate Fee Second	0.00	\$ 130						
	0.00	\$	d Group		0.00	\$	oup	<b>Base Rate Fee</b> First Gr				
	0.00		d Group		<b>0.00</b>		oup SEVENTH	Base Rate Fee First Gr				
	07,761.98 0.00	\$	d Group	Base Rate Fee Second	<b>0.00</b>	\$ SUBSCRIBER GROU	oup SEVENTH	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr				
	07,761.98 0.00	\$ SUBSCRIBER GROUP	d Group EIGHTH	Base Rate Fee Second COMMUNITY/ AREA	0.00	SUBSCRIBER GROU	oup SEVENTH Channe	Base Rate Fee First Gr COMMUNITY/ AREA  CALL SIGN				
	07,761.98  0.00  P  DSE	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Second  COMMUNITY/ AREA  CALL SIGN	0.00  Proup 7  DSE	SUBSCRIBER GROUDE Line-up E Sub-ç	OUP  SEVENTH  Channe  DSE	Base Rate Fee First Gr				

ACCOUNTING PERIOD: 2021/2

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS GULF COAST, LLC 034160 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market of Base Rate Fee INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. for Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Partially Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

C	Cal Wol	ble rksheet	Total amount of remittance	Nun	nber of SAs rec'o	1 1	nitials		
			Date of remittance	_ ☐Check	□EFT	□FILIN	G FEES		
Cable ID #					Amount	Initials			
Examined by		Reviewed by	Date examination completed	Allocatio	n number				
Space A Accounting Period									
	□Janua	ry 1 - June 30, 2017	]	□July 1 - Decemb	per 31, 2017				
	□Letter	sent	[	☐Information rec	eived				
	□Accep	ted	☐Phone call/Date/Contact						
Space B Owner									
	Letter	sent	]	☐Information rec	eived				
	□Accep	ted	]	Phone call/Date	/Contact				
Space D Area Served									
	Letter	sent	[	☐Information rec	eived				
	□Accep	ted	]	☐Phone call/Date	/Contact				
Space E Secondary Transission									
Service Subscribers:	Letter	sent	☐ Information received						
and Rates	□Accep	ted	[	Phone call/Date	/Contact				
Space G Primary Transmitters:									
Television	□Letter	sent	[	☐Information rec	eived				
	□Accep	ted	]	Phone call/Date	:/Contact				
Space H Primary Transmitters:									
Radio	□Accep	ted	[	☐Phone call/Date	/Contact				

		Space I Substitute
		Carriage
Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time
		Carriage Log
✓Letter sent	☐Information received	(SA3 only)
Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty
☐Royalty Fee should be	☐Refund request to fiscal	Fees
Letter sent	☐Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐Letter sent	☐Info/add'l fee received	
Accepted	☐Phone call/Date/Contact	