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 (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@loc.gov

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

	r	
Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Zito Canton LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915
		(City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		Zito Media - Canton PA MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Briveou Act Notice	Soction	111 of tills 17 of the United States Code authorizes the Convigth Offee to callect the paragraphic identifying information (DII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/22/22

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Zito Canton LLC	565
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Canton Borough	PA
ommunity	Alba	PA
	Grover	PA
ws as Necessary	Canton Township Ward Township	PA PA
	Leroy/Canton	PA PA
	Leroy/Canton	

							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					515	TEM IC 56
	Zito Canton LLC							
Е	SECONDARY TRANSMISSION							
E	In General: The information in s system, that is, the retransmission			-	•			
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•				-		
Rates	each category by counting the n	•	•		•			
	separately for the particular serv						-	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-					-	
	category, but do not include disc					5 Within a		
	Block 1: In the left-hand block	•		U U	•			
	systems most commonly provide that applies to your system. <b>Not</b>							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca					ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					different	from those	
	printed in block 1 (for example, t	-		•				
	with the number of subscribers a	and rates, in the	e right-hand b	ock. A two- or thr	ee-word descript	ion of the	service is	
	sufficient.	DCK 1				BLOC	< 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RA	ATE CAT	TEGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:     Service to first set		235	25.23				
	Service to additional set(s)		235	25.25				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS	RATES				-
-	In General: Space F calls for rate				all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t				•			
Services	service for a single fee. There and furnished at cost or (2) services	•		0		0 (	,	
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate		ha aabla ayat	we fay analy of the	, annliaghla agus	ana lintad		
ransmissions: Rates	Block 2: List any services that	• •					t were not	
	listed in block 1 and for which a	separate charg	e was made o	or established. Lis	t these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and incluc	le the rate for	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	47.05		Non-residential				
	Pay cable     Pay cable—add'l channel	17.95	Motel, ho     Commerce					
	Fay cable—add i channel     Fire protection		Pay cable					
	•Burglar protection		2	-add'l channel				
	Installation: Residential		• Fire prote					
	• First set	30.00	• Burglar pi					
	Additional set(s)	20.00	Other servic					
			<b>D</b>		20.00			1
	• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>	t	30.00			
	• FM radio (if separate rate) • Converter		Reconnect     Disconnect		30.00			
	,			ct	30.00			

ing Period: 2				
lame	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II
	Zito Canton LLC			56
	PRIMARY TRANSMITTERS:	TELEVISION		
G smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on	also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	<ol> <li>stations carried only on a part-time carriage of certain network program (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a subset e Special Statement and Program Lu- both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESPP air designation. For example, report</li> </ol>	ne basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these the <b>Column 4:</b> Give the location	/RC is channel 4 in Washington, D.C. In case whether the station is a network st ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the	or network multicast), "I" (for indepe "E-M" (for noncommercial educatio tions in the paper SA1-2 form. he community to which the station is	ndent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	28.1	N	
	WDRE	20.1	N	Wilkes-Barre PA
	WNEP	16.1	N	Wilkes-Barre PA Scranton PA
Necessary				
Necessary	WNEP	16.1	N	Scranton PA Hazelton PA
Necessary	WNEP WOLF	16.1 56.1	N	Scranton PA
Necessary	WNEP WOLF WQMY	16.1 56.1 53.1	N	Scranton PA Hazelton PA Williamsport PA
Vecessary	WNEP WOLF WQMY WSWB	16.1 56.1 53.1 38.1	N N I I	Scranton PA Hazelton PA Williamsport PA Scranton PA
's Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
is Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA
s as Necessary	WNEP WOLF WQMY WSWB WVIA	16.1 56.1 53.1 38.1 44	N N I I E	Scranton PA Hazelton PA Williamsport PA Scranton PA Scranton PA

EGAL NAME OF		JABLE S	YSIEM:					SYSTEM I 5
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of r for detailed info aper SA1-2 for <b>Column 1:</b> Id <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to irmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's hea system's FM ante his point, see pag ed by the cable s	adend, and (2 nna, during ce ge (v) of the ge ystem as a se	) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						+		

Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Zito Canton LLC							565
	SUBSTITUTE CARRIAGE	-	-					
	In General: In space I, identi substitute basis during the advised to the substitute basis during the advised to the substitute basis during t	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instru	uctions in th	ne paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork telev	vision progran	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa ahbraviatiana	wherever	aible if the		
	In General: List each subst clear. If you need more spa				wherever pos	sidle, if the	eir meaning is	5
				sion program ("substitute	program") that	it, during th	ne accounting	1
	period, was broadcast by a			2		•		
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	m titles, for ex	ample, "I L	ove Lucy' or	
			dcast live, ente	r "Yes." Otherwise enter "l	No."			
				sting the substitute progra				
			<b>`</b>	e community to which the		,	e FCC or, in	
	the case of Mexican or Can Column 5: Give the mor			tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		inter year eye		program. ooc	namerale	, mar alo moi	
				gram was carried by your				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	:15 p.m. to 6:2	8:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "R" if tho	listed program	was substituted for progra	amming that y	our eveten	n was <i>require</i>	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.					•		
			TE PROGRAM		11	EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
					-			
					-			
					-			
					-			
					-			
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC	S	YSTEM ID# 565
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	3,478.98 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his six-month	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	100)	
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	_	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_	
	2. Dase anothin under statutory formula     2. Dase anothin under statutory formula	_	
	4. Multiply line 3 by .01	_	
	Wollipy line 5 by 51     Solution     S	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		its!

Accounting Period:	021/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTE Zito Canton LLC	Λ:	SYSTEM ID# 565
M Channels		per of channels on which the cable system carried television broadcast stations m's total number of activated channels during the accounting period. which the cable	7
	system carried television broadcast st	tions	, i
	2. Enter the total number of activated ch on which the cable system carried tele and nonbroadcast services		65
N Individual to	INDIVIDUAL TO BE CONTACTED IF Fill we can contact about this statement of a	RTHER INFORMATION IS NEEDED (Identify an individual to whom account.)	
Be Contacted for Further Information	Name Teri McMullen	Telephone	814-260-0434
	Address PO Box 665 (Number, street, rural route, Coudersport PA (City, town, state, zip)		
	Email teri.mcmull	n@zitomedia.com Fax (optional	
	CERTIFICATION (This statement of accou	t must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Che		
		or partnership) I am the owner of the cable system as identified in line 1 of space E poration or partnership) I am the duly authorized agent of the owner of the cable s	
		at the owner is not a corporation or partnership; or er (if a corporation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
	I have examined the statement of account	and hereby declare under penalty of law that all statements of fact contained herein of my knowledge, information, and belief, and are made in good faith.	
		X /s/James Rigas	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or pr	nted name: James Rigas	
	Title:	President (Title of official position held in corporation or partnership)	
	Date:	02/23/2022	

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
to Canton LLC	565
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	asic de sub- 19." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	orm.
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessment 1%  days 
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	Torm. Q Interest Assessment 1%  days  74 
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	orm. Q Interest Assessment 1%  days  74  arge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	Interest Assessment 1% - days - 74 - arge)
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment 1%  days  days  r4  arge) please
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 fo Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment 1%  days  days  r4  arge) please

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