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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT 2/18/2022 \$ ALLOCATION NUMBER

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Smart City Solutions II LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 22555/ 3100 Bonnet Creek Road
		(Number, street, rural route, apartment, or suite number) Lake Buena Vista, FL 32830-2555
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

N - · · · ·	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Smart City Solutions II LLC	6344
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ry" is the same as a "community unit" as defined in FCC rules: "a nunities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	city.	
Fired	CITY OR TOWN	STATE
First Community	Winter Park Altamonte Springs	Florida Florida
	Orlando	Florida
Add Rows as Necessary	Celebration	Florida
·····,		

	1							-2E. PAGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	
	Smart City Solutions II I	LC						6344;
_	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND	RATES				
E	In General: The information in s	pace E should co	over all categorie	s of seconda	•			
0	system, that is, the retransmissi							
Secondary Transmission	about other services (including particular to a service of the accounting period					lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both					ble system	ı, broken	
scribers and	down by categories of secondar	•	•		•			
Rates	each category by counting the n separately for the particular serv	•		•			cnarged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed	•	,		rd rate variation	s within a l	particular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmis	sion servi	ce that cable	
	systems most commonly provide	•		0				
	that applies to your system. Not							
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	•						
	printed in block 1 (for example, 1							
	with the number of subscribers a sufficient.	and rates, in the r	ight-hand block.	A two- or thre	e-wora descripti	on of the s	service is	
		OCK 1				BLOC	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBER	s RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIBER	IS NATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	NATE
	Service to first set							
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial	(650 78.5	9				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			TES				
-	In General: Space F calls for ra				all your cable sys	tem's serv	vices that were	
F	not covered in space E, that is,							
Services	service for a single fee. There a furnished at cost or (2) services		•	-				
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the						-	
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha						were not	
Nates	listed in block 1 and for which a							
		tion and include	the rate for each	-				
	brief (two- or three-word) descrip							
	brief (two- or three-word) descrip	BLOCK	٢1				BLOCK 2	
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOCK	K 1 ATEGORY OF S	ERVICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE
		BLOCH RATE C			RATE	CATEG		RATE
	CATEGORY OF SERVICE	BLOCH RATE C	ATEGORY OF S		RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services:	BLOCH RATE C	ATEGORY OF S		RATE 78.59	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOCH RATE C	ATEGORY OF S istallation: Non • Motel, hotel • Commercial • Pay cable	residential		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOCH RATE C	ATEGORY OF S istallation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add	residential 'I channel		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOCH RATE C	ATEGORY OF S istallation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection	residential 'I channel		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOCH RATE C	ATEGORY OF S istallation: Non • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protec	residential 'I channel		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOCH RATE C	ATEGORY OF S istallation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protect ther services:	residential 'I channel		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOCH RATE C	ATEGORY OF S istallation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protect ither services: • Reconnect	residential 'I channel		CATEG		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOCH RATE C	ATEGORY OF S istallation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protect ther services:	residential 'I channel tion		CATEG		RATE

	2021/2			FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER C			SYSTEM I						
	Smart City Solutions			634						
	PRIMARY TRANSMITTERS:									
G	carried by your cable syste	entify every television station (including tra m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	1) stations carried only on a part-t	ime basis under						
Primary		e)(2) and (4), or 76.63 (referring to 76.61)								
nsmitters: elevision	Substitute Basis Stations	as explained in the next paragraph. s: With respect to any distant stations car	ried by your cable system on a su	bstitute program						
	• Do not list the station her	 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. 								
	basis. For further informati	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	ee page (v) of the general instruct	tions.						
		d with a station according to its over-the-a	-	•						
	"WETA-2" as the same on	the form. lel number the FCC assigned to the televi	sion station for broadcasting over	the air in its community						
	of license. For example, W	RC is channel 4 in Washington, D.C.	-							
		h case whether the station is a network st								
		ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or								
	For the meaning of these t	erms, see page (iv) of the general instruct	tions in the paper SA1-2 form.	,						
		on of each station. For U.S. stations, list the adian stations, if any, give the name of the	•							
		, ,,,,	5							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WVEN	43	1	ORLANDO, FLORIDA						
	WOTF	15								
ows as Necessary	wтмо	31		DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA						
ows as Necessary			I E							
ows as Necessary	wтмо	31	i E N	ORLANDO, FLORIDA						
wws as Necessary	WTMO WUCF	31 34		ORLANDO, FLORIDA ORLANDO, FLORIDA						
wws as Necessary	WTMO WUCF WOFL	31 34 35	N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH	31 34 35 11 26	N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA						
wws as Necessary	WTMO WUCF WOFL WESH WKMG	31 34 35 11	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW	31 34 35 11 26 35 28	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD	31 34 35 11 26 35 28 23	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ows as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD	31 34 35 11 26 35 28 23	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ows as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ws as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						
ows as Necessary	WTMO WUCF WOFL WESH WKMG WFTV-HD WRBW WKCF-HD WRDQ-HD	31 34 35 11 26 35 28 23 27	N N N	ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA DAYTONA BEACH, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA ORLANDO, FLORIDA CLERMONT, FLORIDA ORLANDO, FLORIDA						

EGAL NAME OF			I U I LIVI.					SYSTEM 634
	every radio s	tation ca	rried on a separate and discre herally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to mation about m. lentify the call tate whether to the radio stati this by placing ive the station	/ the sys be recein t the Cop sign of e he static ion's sign a check h's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ger vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OTOT		0/D		O/ LEE OIOIT		0,0		
				P				

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nomo	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Smart City Solutions I	LLC						63443
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi	fy every non	network televisi	on program, broadcast by a	distant statio	n, that you	r cable system	a carried on a
	substitute basis during the a							
Substitute Carriage:	explanation of the programm	-		• • • • • • • • •	general Instru	ictions in th	ie paper SA1-	2 torm.
Special	1. SPECIAL STATEMENT					work tolou	icion progran	_
Statement and	During the accounting per	-	r cable system	carry, on a substitute basis	s, any nonne			
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	," leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist comple	te the progra	n
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. I lee abbreviations v	wherever nos	sible if the	air maaning is	
	clear. If you need more spa				vilerever pos		en meaning is	
	Column 1: Give the title	of every nor	nnetwork televi	sion program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	titles, for ex	ample, "I L	ove Lucy" or	1.
	"NBA Basketball: 76ers vs.	Bulls."					-	
				⁻ "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the			e FCC or, in	
	the case of Mexican or Can			community with which the s em carried the substitute p			with the mor	ath
	first. Example: for May 7 giv		when your syst	eni camed the substitute p	logiani. Ose	numerais	, with the mor	
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our systen	n was <i>require</i>	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	FCC rules a	ind regulat	ions in	
	s	UBSTITUT	E PROGRAM			N SUBST	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
		+						
							—	
		+					_	
							_	

Accounting Period:	2021/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
	Smart City Solutions II LLC 63443
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.
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 \$263,800. • 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. 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 this six-month accounting period is \$\$2.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula 263,800.00 2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	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
	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 \$527,600)
	1. Enter the amount of gross receipts from space K \$ 306,512.16
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,746.12
	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) \$ 1,746.12
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,766.12
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Smart City Solutions II LLC	SYSTEM ID# 63443
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	12
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	56
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Jorge Barrio Telephone Address P.O. Box 22555 / 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number)	407-828-6659
	Lake Buena Vista, FL 32830-2555 (City, town, state, zip) Email jbarrio@smartcitytelecom.com Fax (optional	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership) or the legal entity identified as own in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 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 printed name: Martin Rubin	ystem as identified
	Title: President & CEO (Title of official position held in corporation or partnership) Date: 2/17/22	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2021/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
art City Solutions II LLC	6344
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.