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 |
| 3/2/22 | \$ ALLOCATION NUMBER |

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|----------------------|---|
| | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | 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 |
| | COMMZOOM COMMUNICATIONS, LLC |
| | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | 2438 BOARDWALK ST |
| | (Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217 (City, town, state, zip) |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| | names 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: COMMZOOM |
| | 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 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 | | | | | | |
|-----------------------|---|---|--|--|--|--|--|
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAGE 1b. SYSTEM ID# | | | | | |
| Name | COMMZOOM COMMUNICATIONS, LLC | 000992 | | | | | |
| | Instructions: List each separate community served by the cable system. A "community served by the cable system." | | | | | | |
| D | "a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile here. | nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known | | | | | |
| Area Served | identified city. | | | | | | |
| | CITY OR TOWN | STATE | | | | | |
| First | KENEDY | TX | | | | | |
| Community | KARNES CITY | TX | | | | | |
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| Add Rows as Necessary | | | | | | | |
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Accounting Period: 2021/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 000992 **COMMZOOM COMMUNICATIONS, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE **RATE** CATEGORY OF SERVICE SUBSCRIBERS **RATE** Residential: · Service to first set 107 58.41 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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

F

Services Other Than Secondary Transmissions: Rates

not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| BLOCK 1 | | | | | BLOCK 2 | |
|---|------|---|------|--|---------------------|------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | RATE | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | | |
| • Pay cable | | Motel, hotel | | | | |
| Pay cable—add'l channel | | Commercial | | | | |
| Fire protection | | • Pay cable | | | | |
| Burglar protection | | Pay cable-add'l channel | | | | |
| Installation: Residential | | Fire protection | | | | |
| First set | | Burglar protection | | | | |
| Additional set(s) | | Other services: | | | | |
| FM radio (if separate rate) | | • Reconnect | | | | |
| Converter | | Disconnect | | | | |
| | | Outlet relocation | | | | |
| | | Move to new address | | | | |
| | | | | | | |

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 000992

COMMZOOM COMMUNICATIONS, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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.

Add Rows as Necessary

| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
|--------------|--------------------------|--------------------|------------------------|
| KABB | 29 | l | SAN ANTONIO, TX |
| KENS | 5 | N-M | SAN ANTONIO, TX |
| KLRN | 9 | E | SAN ANTONIO, TX |
| WOAI | 4 | N-M | SAN ANTONIO, TX |
| KPXL | 26 | <u> </u> | UVALDE, TX |
| KMYS | 35 | <u> </u> | KERRVILLE, TX |
| KSAT | 12 | N-M | SAN ANTONIO, TX |
| KVDA | 60 | N-M | SAN ANTONIO, TX |
| KWEX | 41 | N-M | SAN ANTONIO, TX |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

COMMZOOM COMMUNICATIONS, LLC

000992

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- 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 |
|-----------|----------|-----|---------------------|-----------|----------|-----|---------------------|
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| EGAL NAME OF OWNER OF COMMZOOM COMMUCE GUBSTITUTE CARRIAGE IN GENERAL: In space I, identification of the programm. SPECIAL STATEMEN During the accounting peroadcast by a distant state of the state of | DNICATION GE: SPECIA Intify every no accounting p ming that mu NT CONCEF eriod, did you ation? Io", leave the stitute progra bace, please e of every no a distant sta regulations, of ories like "mo s. Bulls." am was broa all sign of the badcast stati anadian stati | AL STATEME connetwork televioeriod, under spust be included RNING SUBS cur cable system are add additional connetwork televition and that yor authorizatio ovies" or "bask adcast live, entistation broadd ions, if any, they when your sympa program car telested pr | ision progra. Decific prese in this log, s TITUTE Common carry, on Tage blank. It Tage blank. It Tage blank. It Tage blank. It Tows to the Vision progra Vis | m, broadcast by nt and former Fiee page (v) of the ARRIAGE as substitute base as tables. Tyour answer is a tables. Tyour answer is tables. Tyou | a distant state CC rules, reghe general instant six, any nonres "Yes," you res wherever program") the dof or the program. It is station is like a station is like a station is like a program. Using the control of the program. Using the control of the program in | must commust consider and the commust communication | your cable or authorize in the paper selevision pelevision pelevision for their means of their m | cations. For a further per SA1-2 form. Drogram S |
|--|--|--|--|--|--|--|--|--|
| GUBSTITUTE CARRIAGE IN General: In space I, identify the basis during the explanation of the programm. SPECIAL STATEMEN. During the accounting peroadcast by a distant state of the programm. In General: List each substitute and the state of the state | TE PROGRASTITUT | AL STATEME Innetwork televiceriod, under spust be included RNING SUBS For cable system RNING substance and additiona Innetwork televicerion and that to ovies" or "bask adcast live, enterstation broaddition's location (ions, if any, the y when your sy the substitute pro a program car the listed program tions in effect of your system we | ision progra. Decific prese in this log, s TITUTE Common carry, on Tage blank. It Tage blank. It Tage blank. It Tage blank. It Tows to the Vision progra Vis | m, broadcast by nt and former Fiee page (v) of the ARRIAGE as substitute base as tables. Tyour answer is a tables. Tyour answer is tables. Tyou | a distant state CC rules, reghe general instant six, any nonres "Yes," you res wherever program") the dof or the program. It is station is like a station is like a station is like a program. Using the control of the program. Using the control of the program in | must commust consider the consent of the commust commust commust commust commust commust commust the commust commust the commust community | rauthorizin the papelevision pelevision pele | e system carried on a rations. For a further per SA1-2 form. Program S X NO Program aning is counting the station formation. ancy" or C or, in the month ccurately I be required d program |
| n General: In space I, iden ubstitute basis during the explanation of the program. SPECIAL STATEMEN. During the accounting peroadcast by a distant state of the | ntify every no accounting printing that municipal ming that mandal ming that | ennetwork televiceriod, under spust be included RNING SUBS are cable system and additiona onnetwork televicerion and that station and that station broaddion's location (ions, if any, they when your system when system was a program care elisted program tions in effect of your system was to include the station of the station of the station broaddion's location (ions, if any, they when your system was substitute program care elisted program care listed program tions in effect of your system was to include the station of the station broaddion's location (ions, if any, they when your system was substitute program care listed program tions in effect of your system was substituted to the station of the statio | ision progra. Decific prese in this log, s TITUTE Common carry, on Tage blank. It Tage blank. It Tage blank. It Tage blank. It Tows to the Vision progra Vis | m, broadcast by nt and former Fiee page (v) of the ARRIAGE as substitute base as tables. Tyour answer is a tables. Tyour answer is tables. Tyou | a distant state CC rules, reghe general instant six, any nonres "Yes," you res wherever program") the dof or the program. It is station is like a station is like a station is like a program. Using the control of the program. Using the control of the program in | must commust consider the consent of the commust commust commust commust commust commust commust the commust commust the commust community | rauthorizin the papelevision pelevision pele | cations. For a further per SA1-2 form. Drogram S |
| og in block 2. LOG OF SUBSTITUT General: List each substear. If you need more sp Column 1: Give the tittle eriod, was broadcast by a nder certain FCC rules, roo not use general catego NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the broadcase of Mexican or Cal Column 5: Give the morest. Example: for May 7 g Column 6: State the tin of the nearest five minutes tated as "6:00–6:30 p.m." Column 7: Enter the left of delete under FCC rules was substituted for prograffect on October 19, 1976 | re PROGRA stitute prograduce, please e of every not a distant star regulations, or ories like "mos. Bulls." am was broad all sign of the badcast statificant and day give "5/7." mes when the sand regulation and regulation and regulation and regulation and regulation and regulation and regulations. | AMS am on a separ and additiona connetwork tele ation and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location (ions, if any, the y when your sy the substitute pr a program car a listed program tions in effect of your system w | rate line. Us I rows to the vision progrour cable s ns. See pag tetball." List er "Yes." Or casting the s the communit er communit er communit er communit er de by a sy m was subs during the a vas permitte | e abbreviations to tables. am ("substitute ystem substitute ye (v) of the ger specific prograte herwise enter "substitute progratity to which they with which they with which they with the substitute carried by your stem from 6:01 tituted for prograceounting periodes." | e program") the program in the program in titles, for each in titles, for each in the program. Use the program. Use the program in the progra | ossible, if hat, durin ogrammir ions for fuexample, censed by entified). se numer m. List the 5:28:30 p. t your systetter "P" is and regular | g the according of another info "I Love Lucusta to Lucu | aning is ounting her station ormation. ucy" or C or, in the month ccurately I be required d program |
| vas substituted for progra ffect on October 19, 1976 | amming that 6. SUBSTITUT | your system w | as permitte | | ler FCC rules | and regu | ulations in | 1 |
| TITLE OF PROGRAM | 1 2. LIVE? | | ı | | CARRI | AGE OC | CURRED TIMES | 7. REASON FOR DELETION |
| | Yes or No | 3. STATION'S CALL SIGN | | N'S LOCATION | 5. MONTH AND DAY | FROM | — T | 0 |
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| Accounting Period: | 2021/2 | | A1-2E. PAGE | | | | | |
|------------------------------------|--|-----------------------------------|----------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC | s | 90099 00099 | | | | | |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute the 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. | smission servic is amount, see | e 5,174.85 | | | | | |
| 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 faccounting period is \$52.00 | or this six-mont | I | | | | | |
| | 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 | | 02.00 | | | | | |
| | 1. Base amount under statutory formula | , | | | | | | |
| | 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 \$527,600) | | | | | | | |
| | Enter the amount of gross receipts from space K | | | | | | | |
| | 2. Base amount under statutory formula | _ | | | | | | |
| | 3. Subtract line 2 from line 1 | _ | | | | | | |
| | 4. Multiply line 3 by .01 | _ | | | | | | |
| | 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 | | | | | | | |
| | 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 Reg See page i of the general instructions in the paper SA1-2 form for more information. | | ghts! | | | | | |

| Accounting Period: | 2021/2 | | FORM SA1-2E. PAGE 7. |
|------------------------------|---|--|----------------------|
| Name | | OWNER OF CABLE SYSTEM: COMMUNICATIONS, LLC | SYSTEM ID# 000992 |
| M Channels | to its subscribers | ou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period. | 9 |
| | on which the ca | al number of activated channels cable system carried television broadcast stations cast services | 44 |
| N Individual to Be Contacted | | D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.) | |
| for Further Information | Name | JACOB T. GRAY Telephone 210-736 | 6-3376, EXT 1004 |
| | Address | 2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number) | |
| | *************************************** | SAN ANTONIO, TX 78217 (City, town, state, zip) | |
| | Email | CFO@COMMZOOM.COM Fax (optional) 210-403-2688 | |
| 0 | CERTIFICATION | (This statement of account must be certified and signed in accordance with Copyright Office regulations) | |
| Certification | • I, the undersigned | ed, hereby certify that (Check one, but only one, of the boxes.) | |
| | (Owne | er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or | |
| | | t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as i line 1 of space B and that the owner is not a corporation or partnership; or | identified |
| | | cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cline 1 of space B. | cable system |
| | | d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] | |
| | | X /s/ JACOB T. GRAY | |
| | | 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: JACOB T. GRAY | |
| | | Title: CFO/COO (Title of official position held in corporation or partnership) | |
| | | Date: MARCH 01, 2022 | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and is 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

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 000992 COMMZOOM COMMUNICATIONS, LLC 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** 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? X NO 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. Interest Assessment 1% x **0** days x = 0.00274Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner

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Address

ID number

First community served Accounting period