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

## SA1-2E Short Form

| STATEM               | ENT OF ACCOUNT   | FOR COPYRIG   | HT OFFICE USE ONLY   | Return completed workbook by email to:  |
|----------------------|--|---|--|---|
|                      | ary Transmissions by   | DATE RECEIVED   | AMOUNT   | coplicsoa@copyright.gov   |
| General instru       | ems (Short Form)<br>uctions are located<br>of this workbook  | 08/22/2024  | \$ ALLOCATION NUMBER   | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| Α                    | ACCOUNTING PERIOD COVER  | ED BY THIS STATEMENT: (Y  | 'YYY/(Period))   |   |
|                      | 2023/2   | Period 1 = January 1 - June 30  | Period 2 = July 1 - December 31                                |   |
|                      |  | Barcode Data Filing Period (optiona   | I - see instructions)  |   |
| Accounting<br>Period |  |   |  |   |
| В                    | Instructions:<br>Give the full legal name of the owner<br>title of the subsidiary, not that of the |   | sidiary of another corporation, give the full                  | corporate   |
| Owner                | List any other name or names under   | which the owner conducts the business of  | f the cable system.  |   |
|                      |  | , the accounting period, only the owner or<br>Ity fee payment covering the entire accou | n the last day of the accounting period shoul<br>nting period. | d submit a  |
|                      | Check here if this is the system's first   | filing. If not, enter the system's ID number  | er assigned by the Licensing Division.                         | 63591   |
|                      | LEGAL NAME OF OWNER/MA   | LING ADDRESS OF CABLE SYSTE   | И  |   |
|                      | Catalina Broadband Solutions L   | LC  |  |   |
|                      | BUSINESS NAME(S) OF OWNER  | R OF CABLE SYSTEM (IF DIFFEREN  | Т)   |   |
|                      |  |   |  |   |
|                      | MAILING ADDRESS OF OWNER   | OF CABLE SYSTEM   |  |   |
|                      | (Number, street, rural route, apartment, or su   | uite number)  |  |   |
|                      | (City, town, state, zip)   |   |  |   |
| С                    | INSTRUCTIONS: In line 1, give any b<br>names already appear in space B. In                         |   |  |   |
| System               | IDENTIFICATION OF CABLE SYSTE  |   |  |   |
|                      | 1  |   |  |   |
|                      | MAILING ADDRESS OF CABLE SYS   | TEM:  |  |   |
|                      | 2 (Number, street, rural route, apartment, or st   | lite number)  |  |   |
|                      | (City, town, state, zip code)  |   |  |   |
|                      |  |   |  |   |
| Privacy Act Notic    | ce: Section 111 of title 17 of the United States Cod   | e authorizes the Copyright Offce to collect th  | ne personally identifying information (PII) reque              | ested on this   |

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 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 fling, a determination that would be made by a court of law.

| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM  |
|----------------------|---|---|
| Name                 | Catalina Broadband Solutions LLC  | 63  |
| D                    | Instructions: List each separate community served by the cable system. A "o<br>"a separate and distinct community or municipal entity (including unincorpo<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th<br>as the "first community." Please use it as the first community on all future f | prated communities within unincorporated areas and including sing<br>nat you list will serve as a form of system identification hereafter kn<br>ilings. |
| Area<br>Served       | Note: Entities and properties such as hotels, apartments, condominiums, or identified city.   | mobile home parks should be reported in parentheses below the   |
|                      | CITY OR TOWN  | STATE   |
| First                | Avalon  | CA  |
| Community            |   |   |
|                      |   |   |
| dd Rows as Necessary |   |   |
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| Name         LEGAL NAME OF OWNER OF CABLE SYSTEM:           Catalina Broadband Solutions LLC           E           Secondary<br>Transmission<br>Service: Subsection         SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES           In General: The information in space E should cover all categories of secondary transmission devision and ratio broadcasts by your system to subscribers. Give information<br>about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the<br>last day of the accounting period (June 30 or December 31, as the case may be).           Service: Sub-<br>sortibers and<br>Rates         Secondary transmission service. In general, you can compute the number of subscribers in<br>each category by counting the number of radicated—not the number of persons or organizations charged<br>esparately for the particular service at the rate indicated—not the number of subscribers and<br>there in the indicated rate charged for each categories of secondary transmission service. In a pericular and<br>each category, but do not include discounts allowed for avance payment.           Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable<br>systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categories<br>that applies to your system. Note: Where an individual or organization is receiving service that falls under different<br>categories, that person or entily should be counted as a subscriber in each applicable category. Example: a residential<br>subscriber who pays extra for cable service to additional set(s).**           Block 2: If your cable system has rate categories of secondary transmissionsisons), list them, togethe<br>with the number of subscribe  |       |      |
|--|-------|------|
| 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 about other services (including pay cable) in space F, not here. All the facts you subter must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).         Service: Subscribers and Rates       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 subscribers or organizations charged separately for the particular service at the rate indicated—not the number of subscribers worke).         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 categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentit subscribers and rate for each listed categor in the 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 residentit subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         Block 2: If your cable system has rate categories for s   |       | 6359 |
| L       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 catebole) 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 in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of billings in that category (the number of subscribers in each category by counting the number of subscribers. 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 raticategory 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 raticategory, 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 system was 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 residentit subscribers 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 sets)."         Block 1: If your cable system has rate categories for secondary transmissions service is sufficient.       BLOCK 1       BLOCK 2  |       |      |
| Secondary       about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the tast day of the accounting period (June 30 or December 31, as the case may be).         Service: Sub-scribers and Rates       about other service 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 subscribers or organizations charged separately for the particular service at the rate indicated—not the number of subscribers and rate or each listed 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 categor that applicable category. Example: a residentia subscriber who pays extra for cable service to additional sets would be included in the count under "Service to atta first set" and would be counted once again under "Service solditional sets)."         Block 2: If your cable system has rate categories for secondary transmissions), list them, together with the number of subscribers and rate of subscribers and rate of subscribers is subficient.         BLOCK 1       BLOCK 2       NO. OF       CATEGORY OF SERVICE       Subscriber service subscriber so and rate of subscriber is subscriber is subscriber to first set       661       87.66       Starter       Subscriber       Subscribe   |       |      |
| Transmission       Isst day of the accounting period (June 30 or December 31, as the case may be).         Service: Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken accounting 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).         Rates       Rates       Rates       Give the standard rate charged for each category (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 ratic 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 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 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, togethe with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.         Block 2: If your cable system has rate categories for secondary transmissions), list them, togethe with the number of subscribers and rates, in the right-hand block. A two- or   |       |      |
| Service: Subscribers and Rates       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/Unth"). Summarize any standard rate variations within a particular rai 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 categor. Example: a residentia subscriber who pays extra for cable service to additional set(s)."         Block 2: If your cable system has rate categories for secondary transmissions. service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmission). Sist them, togethe 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 1       BLOCK 2         No. OF       CATEGORY OF SERVICE       Subscribers       No. OF         Residential:       661       87.66       Starter       No. OF         Non-residential       Non-residential  |       |      |
| Rates       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 rai 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 categor 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 residentia subscriber who pays extra for cable service to additional set(s)."         Block 2: If your cable system has rate categories for secondary transmissions), list them, togethe 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       CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIF         Residential:       • Service to first set       661       87.66       Starter       No. OF         No. OF       CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIF <td></td> <td></td>  |       |      |
| 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 rat 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 categor 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 residentia 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 1: 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, togethe 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         CATEGORY OF SERVICE       NO. OF         Service to diditional set(s)       Subscribers and rate rate         No. OF       CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       Service to first set       661       87.66   |       |      |
| 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 categor 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 residentia 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, togethe 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         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to additional set(s)         • FM radio (if separate rate)       Image: secondary transmission service is subscriber set additional set(s)         • FM radio (if separate rate)       Image: secondary transmission service is subscriber secondary transmise secondary transmise secondary transmissions), list them, togeth  |       |      |
| unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular raticategory, 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 categor 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 residentit 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 transmissions, list them, togethe 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         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to additional set(s)         • FM radio (if separate rate)       MO. OF         Motel, hotel       Gommercial         Converter       Residential         • Non-residential       • Non-residential   |       |      |
| 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 categor 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 residentia 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, togethe 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         CATEGORY OF SERVICE       NO. OF         Service to first set       661       87.66         • Service to first set       661       87.66         • Service to first set       661       87.66         • FM radio (if separate rate)       Motel, hotel       Motel         Converter       • Residential       • Non-residential         • Non-residential       • Non-residential       • Non-residential   | te    |      |
| systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor<br>that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different<br>categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentia<br>subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the<br>first set" and would be counted once again under "Service to additional set(s)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those<br>printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe<br>with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is<br>sufficient.<br><b>BLOCK 1 BLOCK 2</b> NO.OF <b>CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIF SErvice to additional set(s) FM</b> radio (if separate rate) <b>Motel, hotel Commercial Converter Residential Non-residential Non-residential</b> |       |      |
| that applies to your system. Note: Where an individual or organization is receiving service that falls under different<br>categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residentia<br>subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the<br>first set" and would be counted once again under "Service to additional set(s)."<br>Block 2: If your cable system has rate categories for secondary transmission service that are different from those<br>printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togethe<br>with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is<br>sufficient.<br>BLOCK 1<br>BLOCK 1<br>BLOCK 2<br>NO. OF<br>CATEGORY OF SERVICE<br>SUBSCRIBERS<br>RATE<br>CATEGORY OF SERVICE<br>SUBSCRIBERS<br>RATE<br>Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)<br>Motel, hotel<br>Commercial<br>Converter<br>• Residential<br>• Non-residential   |       |      |
| 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, togethe 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         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to first set         • Service to additional set(s)       • FM radio (if separate rate)         Motel, hotel       Converter         • Residential       • Converter         • Residential       • Non-residential   | У     |      |
| 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, togethe 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         CATEGORY OF SERVICE       NO. OF         Service to first set       661         • Service to additional set(s)       • Service to additional set(s)         • FM radio (if separate rate)       Motel, hotel         Converter       • Residential         • Residential       • Onverter         • Residential       • Onverter         • Residential       • Onverter   | al    |      |
| 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, togethe 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         CATEGORY OF SERVICE       NO. OF         Subscribers       RATE         CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to first set         • Service to additional set(s)       • FM radio (if separate rate)         Motel, hotel       Converter         • Residential       • One-residential  |       |      |
| 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         CATEGORY OF SERVICE       NO. OF         Service to first set       661         • Service to additional set(s)       • Starter         • FM radio (if separate rate)       Motel, hotel         Converter       • Residential         • Residential       • Non-residential  |       |      |
| 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         CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         Service to additional set(s)         FM radio (if separate rate)         Motel, hotel       Converter         eResidential         Non-residential         Non-residential  | r     |      |
| BLOCK 1     BLOCK 2       NO. OF     NO. OF       CATEGORY OF SERVICE     SUBSCRIBERS       Residential:     • Service to first set       • Service to first set     661       • Service to additional set(s)       • FM radio (if separate rate)       Motel, hotel       Converter       • Residential       • No. OF  |       |      |
| NO. OF       RATE       CATEGORY OF SERVICE       NO. O         Subscribers       RATE       CATEGORY OF SERVICE       Subscrib         Residential:       • Service to first set       661       87.66       Starter         • Service to additional set(s)       • FM radio (if separate rate)       Starter       Image: Service for the set of the set   |       |      |
| CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       • Service to first set       661       87.66       Starter       -         • Service to additional set(s)       • Service to additional set(s)       -       -       -       -         • FM radio (if separate rate)       -   |       |      |
| Residential:       Service to first set       661       87.66       Starter         · Service to additional set(s)       · FM radio (if separate rate)       Starter       Starter         Motel, hotel       Starter       Starter       Starter         Commercial       Starter       Starter       Starter         · Residential       · Non-residential       Starter       Starter   |       | RA   |
| <ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> <li>Commercial</li> <li>Converter</li> <li>Residential</li> <li>Non-residential</li> </ul>   |       |      |
| FM radio (if separate rate)<br>Motel, hotel<br>Commercial<br>Converter<br>· Residential<br>· Non-residential   | 76 3  | 31   |
| Motel, hotel   |       |      |
| Commercial<br>Converter       Image: Converter         • Residential       Image: Converter         • Non-residential       Image: Converter  |       |      |
| Converter     • Residential       • Non-residential  |       |      |
| Residential     Non-residential  |       |      |
| Non-residential  |       |      |
|  |       |      |
| SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES   |       |      |
|  |       |      |
| <b>F In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space F, that is, those services that are not offered in combination with any secondary transmission  | ere   |      |
| - not overed in space E, and is, nose services that are not onered in combination with any secondary transmission  |       |      |
| services 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  |       |      |
| <b>Other Than</b> amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis  | s,    |      |
| Secondary enter only the letters "PP" in the rate column.  |       |      |
| <b>Rates</b> Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.<br>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 BLOC   | К 2   |      |
| CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SER  | RVICE | RA   |
| Continuing Services: Installation: Non-residential   |       |      |
| Pay cable     Motel, hotel   |       |      |
| Pay cable—add'l channel     Commercial   |       |      |
| • Fire protection     • Pay cable     • Pay cable  |       |      |
| •Burglar protection     •Pay cable-add'l channel     Fire protection   |       |      |
| Installation: Residential • Fire protection  |       |      |
|  |       |      |
| • FM radio (if separate rate)     • Reconnect  |       |      |
| Converter     Converter  |       |      |
| Outlet relocation  |       |      |
| Move to new address  |       |      |
| INIOVE to new address  |       |      |

| Name                                       | LEGAL NAME OF OWNER OF  |  |   | SYSTEM ID   |
|--|---|--|---|---|
|  | Catalina Broadband  |  |   | 6359  |
| G<br>Primary<br>ransmitters:<br>Television | PRIMARY TRANSMITTERS:<br>In General: In space G, ide<br>carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(<br>substitute program basis, a<br>Substitute Basis Stations<br>basis under specific FCC rn<br>• Do <i>not</i> list the station herr<br>station was carried <i>only</i> or<br>• List the station here, and<br>basis. For further informatic<br>Column 1: List each statio<br>multicast stream associate<br>"WETA-2" as the same on<br>Column 2: Give the chann<br>of license. For example, W | TELEVISION<br>entify every television station (including t<br>m during the accounting period, <i>except</i><br>in effect on June 24, 1981, permitting th<br>e)(2) and (4), or 76.63 (referring to 76.67<br>as explained in the next paragraph.<br>With respect to any distant stations ca-<br>ules, regulations, or authorizations:<br>e in space G—but do list it in space I (the<br>a substitute basis.<br>also in space I, if the station was carried<br>on concerning substitute basis stations, i<br>n's call sign. <i>Do not</i> report origination p<br>d with a station according to its over-the- | (1) stations carried only on a part-<br>e carriage of certain network progr<br>1(e)(2) and (4))]; and (2) certain sta<br>rried by your cable system on a su<br>the Special Statement and Program<br>I both on a substitute basis and als<br>see page (v) of the general instruct<br>rogram services such as HBO, ES<br>-air designation. For example, rep<br>vision station for broadcasting over | television stations)<br>-time basis under<br>rams [sections<br>ations carried on a<br>ubstitute program<br>n Log)—if the<br>so on some other<br>stions.<br>SPN, etc. Identify each<br>port multistream<br>r the air in its community  |
|  | educational station, by ente<br>(for independent multicast)<br>For the meaning of these te<br><b>Column 4:</b> Give the location<br>FCC. For Mexican or Cana  | ering the letter "N" (for network), "N-M" (f<br>, "E" (for noncommercial educational), o<br>erms, see page (iv) of the general instru-<br>on of each station. For U.S. stations, list<br>idian stations, if any, give the name of th   | for network multicast), "I" (for indep<br>r "E-M" (for noncommercial educat<br>ctions in the paper SA1-2 form.<br>the community to which the station<br>ne community with which the statio  | pendent), "I-M"<br>tional multicast).<br>n is licensed by the<br>n is identified.   |
|  | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION  | 4. LOCATION OF STATION  |
|  | KCBS  | 2  | Ν   | Los Angeles CA  |
|  |   |  |   |   |
|  | KNBC  | 4  | Ν   | Los Angeles CA  |
| ows as Necessary                           | KNBC<br>KTLA  | 4 5  | N   |   |
| ws as Necessary                            |   |  |   | Los Angeles CA  |
| ws as Necessary                            | KTLA  | 5  |   | Los Angeles CA<br>Los Angeles CA  |
| vs as Necessary                            | KTLA<br>KABC  | 5 7  | l<br>N  | Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA  |
| vs as Necessary                            | KTLA<br>KABC<br>KCAL  | 5<br>7<br>9  | I<br>N<br>I   | Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA  |
| rs as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV  | 5<br>7<br>9<br>11  | I<br>N<br>I   | Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA  |
| is as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP  | 5<br>7<br>9<br>11<br>13  | <br>N<br> <br> <br>   | Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA<br>Los Angeles CA  |
| vs as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET  | 5<br>7<br>9<br>11<br>13<br>28  | <br>N<br> <br> <br> <br> <br> <br> <br> <br>  | Los Angeles CA<br>Los Angeles CA  |
| ws as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE  | 5<br>7<br>9<br>11<br>13<br>28<br>50  | <br>N<br> <br> <br> <br> <br> <br> <br> <br>  | Los Angeles CA<br>Los Angeles CA  |
| ws as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52  | <br>N<br> <br> <br> <br> <br> <br> <br> <br>  | Los Angeles CA<br>Los Angeles CA  |
| ws as Necessary                            | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54  | I<br>N<br>I<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I   | Los Angeles CA<br>Los Angeles CA  |
| ows as Necessary                           | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
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| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |
| Rows as Necessary                          | KTLA<br>KABC<br>KCAL<br>KTTV<br>KCOP<br>KCET<br>KOCE<br>KVEA<br>KAZA<br>KDOC  | 5<br>7<br>9<br>11<br>13<br>28<br>50<br>52<br>54<br>56  | I<br>N<br>I<br>I<br>E<br>E<br>E<br>I<br>I<br>I<br>I<br>I  | Los Angeles CA         Los Angeles CA |

| EGAL NAME O   |   |  |   |  |   |  |   | SYSTEM I<br>635                  |
|---|---|--|---|--|---|--|---|----------------------------------|
|   | t every radio s   | station ca   | rried on a separate and discr<br>nerally receivable by your cat   |  |   |  |   | н                                |
| eceivable if (1)<br>in the basis of<br>for detailed info<br>paper SA1-2 fo<br>Column 1: lo<br>Column 2: S<br>Column 3: lf<br>ignal, indicate<br>Column 4: Column 4: Colum 4: Column | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>dentify the call<br>state whether t<br>the radio stati<br>this by placing<br>Sive the statior | y the sys<br>be recein<br>the Co<br>sign of e<br>the static<br>ion's sign<br>g a check<br>n's location | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the<br>pyright Office regulations on<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>(mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see par<br>the by the cable s<br>he station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ) it can l<br>ertain sta<br>eneral ir<br>eparate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION   | CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION                                     |                                  |
|   |   |  |   |  |   |  |   |                                  |
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| ccounting Perio      | LEGAL NAME OF OWNER OF  | CABLE SYST   | TEM:  |  |  |  |  | SYSTEM ID  |  |
|----------------------|---|--|---|--|--|--|--|--|--|
| Name                 | Catalina Broadband S  |  |   |  |  |  |  | 6359 <sup>-</sup>                                |  |
|                      | SUBSTITUTE CARRIAG  | E: SPECIA  |   | NT AND PROGRAM L   | OG   |  |  |  |  |
| I                    | In General: In space I, ident substitute basis during the a   | accounting pe  | eriod, under sp   | pecific present and former   | FCC rules, reg   | ulations, or   | authorizatio   | ns. For a further                                |  |
| Substitute           | explanation of the programm   |  |   |  | the general in   | structions in  | the paper S  | SA1-2 form.                                      |  |
| Carriage:<br>Special | 1. SPECIAL STATEMEN   |  |   |  |  |  |  |  |  |
| Statement and        | <ul> <li>During the accounting per</li> </ul>   | •  | r cable syster  | n carry, on a substitute l   | asis, any non  | network tele   | evision prog   |  |  |
| Program Log          | broadcast by a distant station? YES XINO<br>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program   |  |   |  |  |  |  |  |  |
|                      | Note: If your answer is "No<br>log in block 2.  | o", leave the  | rest of this pa   | ige blank. If your answei  | is "Yes," you  | must comp  | lete the pro   | gram   |  |
|                      | clear. If you need more spa<br><b>Column 1:</b> Give the title<br>period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general categoi<br>"NBA Basketball: 76ers vs.<br><b>Column 2:</b> If the prograt<br><b>Column 3:</b> Give the call<br><b>Column 4:</b> Give the broa<br>the case of Mexican or Car<br><b>Column 5:</b> Give the mon<br>first. Example: for May 7 gi<br><b>Column 6:</b> State the tim<br>to the nearest five minutes.<br>stated as "6:00–6:30 p.m." | e of every nor<br>a distant stati<br>egulations, or<br>ries like "mov<br>. Bulls."<br>m was broad<br>l sign of the s<br>radcast statio<br>nadian statio<br>nth and day v<br>ive "5/7."<br>nes when the | nnetwork tele<br>ion and that y<br>r authorization<br>vies" or "bask<br>dcast live, entu<br>station broadc<br>on's location (i<br>ons, if any, the<br>when your sy<br>e substitute pr | vision program ("substitu<br>our cable system substitu<br>ns. See page (v) of the g<br>etball." List specific prog<br>er "Yes." Otherwise enter<br>exasting the substitute pro<br>the community to which<br>e community with which the<br>stem carried the substitute<br>ogram was carried by yo | uted for the pr<br>eneral instruct<br>ram titles, for o<br>r "No."<br>gram.<br>he station is li<br>he station is li<br>te program. U<br>ur cable syste | ogramming<br>tions for fur<br>example, "I<br>censed by<br>lentified).<br>se numeral<br>m. List the | of another<br>ther informa<br>Love Lucy"<br>the FCC or,<br>Is, with the i<br>times accur | station<br>ation.<br>or<br>in<br>month<br>rately |  |
|                      | <b>Column 7:</b> Enter the lett<br>to delete under FCC rules a<br>was substituted for program   | ter "R" if the l<br>and regulatic<br>mming that ye   | ons in effect d   | luring the accounting pe   | iod; enter the   | letter "P" if  | the listed p   |  |  |
|                      | <b>Column 7:</b> Enter the lett<br>to delete under FCC rules<br>was substituted for prograr<br>effect on October 19, 1976   | ter "R" if the l<br>and regulatic<br>mming that yo<br>3.   | ons in effect d<br>our system w   | luring the accounting per<br>as permitted to delete u  | iod; enter the<br>ader FCC rules   | letter "P" if<br>s and regula  | the listed pr<br>ations in<br>TUTE   | ogram  |  |
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| Accounting Period:                 | 2023/2   | FORM SA                       | 1-2E. PAGE 6.    |
|------------------------------------|--|-------------------------------|------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | S                             | STEM ID#         |
| Hame                               | Catalina Broadband Solutions LLC   | . <u></u>                     | 63591            |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmediate (and the amount you pay is a 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. | mission service<br>amount, se | 8,919.5 <b>2</b> |
| L<br>Copyright                     | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less  |                               |                  |
| Royalty Fee                        | <ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>  | \$263,80(                     |                  |
|                                    | 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 accounting period is \$52.00   | his six-month                 |                  |
|                                    | Line 1. Royalty fee for accounting period  | \$                            | 52.00            |
|                                    | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   | \$                            | 0.74             |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   | . \$                          | 52.74            |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1  | 00)                           |                  |
|                                    | 1. Base amount under statutory formula         \$ 263,800.00   |                               |                  |
|                                    | 2. Enter amount of gross receipts from space K   |                               |                  |
|                                    | 3. Subtract line 2 from line 1   |                               |                  |
|                                    | 4. Enter the amount of gross receipts from space K   |                               |                  |
|                                    | 5. Enter the amount from line 3  |                               |                  |
|                                    | 6. Subtract line 5 from line 4   |                               |                  |
|                                    | 7. Multiply line 6 by .005 (enter figure here)   |                               |                  |
|                                    | 8. Interest charge. Enter the amount from line 4, space Q, page 8  |                               | 0.00             |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |                               |                  |
|                                    | 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         \$         263,800.00           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  |                               |                  |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |                               |                  |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |                               |                  |
|                                    |  |                               |                  |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  | 52.74                         |                  |
| 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   | \$                            | 67.74            |
|                                    | EFT Trace # or TRANSACTION ID #  |                               |                  |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo   |                               |                  |

| Accounting Period:                 | 2023/2  |   |  |   |   |  |   |  |  |   |  |  |         |         |       | FC        | ORM SA1- | 2E. PA     | GE 7          |
|------------------------------------|---|---|--|---|---|--|---|--|--|---|--|--|---------|---------|-------|-----------|----------|------------|---------------|
| Name                               |   | WNER OF CABLE SYSTEM:<br>band Solutions LLC   |  |   |   |  |   |  |  |   |  |  |         |         |       |           | SY       | STEN<br>63 | M ID#<br>3591 |
| <b>M</b><br>Channels               | to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca           | ou must give (1) the number of<br>, and (2) the cable system's<br>number of channels on whic<br>television broadcast stations<br>number of activated channe<br>able system carried televisior<br>ast services   | total numl<br>ch the cabl<br>s<br>els<br>n broadcas                    | nber o<br>ble<br>   | of activa   | ated ch  | nannels o   | during t   | the acc                                    | counting  | g period   |  |         |         |       | 13<br>190 |          |            |               |
| N<br>Individual to<br>Be Contacted |   | BE CONTACTED IF FURTI<br>bout this statement of accou   |  | ORM   | ATION   | IS NEI   | EDED (I   | dentify  | an indi                                    | ividual t   | to whon  | 1  |         |         |       |           |          |            |               |
| for Further<br>Information         | Name  | Robert Steffen  |  |   |   |  |   |  |  |   |  | Teleph   | none 4  | 10-72   | 7-825 | 0         |          |            |               |
|                                    | Address   | PO Box 22467<br>(Number, street, rural route, apar<br>Baltimore MD 21203<br>(City, town, state, zip)  |  | suite nu  | umber)  |  |   |  |  |   |  |  |         |         |       |           |          |            |               |
|                                    | Email   |   |  |   |   |  |   |  |  | Fax (o  | optional)  | )  |         |         |       |           |          |            |               |
| O<br>Certification                 | I, the undersigne     (Ownee     (Agent     in li     X     (Office     in li     I have examined | (This statement of account m<br>ed, hereby certify that (Check<br>r other than corporation or<br>c of owner other than corpor<br>ine 1 of space B and that the<br>er or partner) I am an officer<br>ine 1 of space B.<br>If the statement of account and<br>e, and correct to the best of m<br>on 1001(1986)] | ration or p<br>owner is n<br>· (if a corpo<br>d hereby d<br>ny knowled | only of<br>hip)  <br>partm<br>not a<br>ooratio<br>declaa<br>declaa<br>declaa<br>, i<br>, /s | one, of th<br>I am the<br>mership)<br>a corpora<br>on) or a p<br>are unde | he boxe<br>owner<br>) I am ti<br>tition or<br>partner<br>r penal<br>tion, an<br>opert SI<br>ignatur<br>g an "/s, | es.)<br>r of the ca<br>the duly a<br>r partners<br>r (if a par<br>Ity of law<br>nd belief,<br><b>:teffen</b><br>re on the<br>s/ signatu | able sys<br>authorizi<br>ship; or<br>thership<br>that all<br>and are | zed age<br>p) of the<br>I statem<br>e made | s identifi<br>ent of the<br>le legal o<br>nents of<br>a in good | ied in lir<br>e owner<br>entity id<br>fact cor<br>d faith. | e 1 of sp<br>of the c<br>entified a<br>ntained h | able sy | stem as |       |           |          |            |               |
|                                    |   | Title:<br>(Title of e   | Vice I<br>official positi  |   | esiden<br>neld in corp  |  |   |  |  |   |  |  |         |         |       |           |          |            |               |
|                                    |   | Date:   |  |   |   |  |   |  |  | 08  | /21/202  | 24   |         |         |       |           |          |            |               |

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 fing, a determination that would be made by a court of law.

| unting Period: 2  | 023/2   |  |  |  |  |   | FORM SA1-2E. PAG   |
|---|---|--|--|--|--|---|--|
| L NAME OF OW  | IER OF CABLE SYSTEM:  |  |  |  |  |   | SYSTEM   |
| alina Broadb  | and Solutions LLC   |  |  |  |  |   | 635  |
| The Satellite He<br>lowing sentence<br>"In deter<br>service<br>scribers   | mining the total number of<br>of providing secondary tran<br>and amounts collected fror   | nended Title 17, section<br>subscribers and the gr<br>smissions of primary be<br>n subscribers receiving   | n 111(d)(1)(A), of the<br>oss amounts paid to<br>roadcast transmitter<br>g secondary transmi | e Copyright<br>o the cable<br>rs, the syste<br>ssions pure   | system for the basic<br>em shall not include<br>suant to section 119                         | c<br>sub-   | P<br>Special Statemen<br>Concerning Gross<br>Receipts Exclusio |
|   | nation on when to exclude t<br>aper SA1-2 form.   | nese amounts, see the  | note on page (vii) o   | or the gene  | eral instructions  |   |  |
| -   | unting period, did the cable<br>e carriers to satellite dish c  | • •  | amounts of gross red   | ceipts for s   | econdary transmiss   | ions  |  |
|   | the total have and list the s   |  |  | ¢  |  |   |  |
| YES. Enter  | the total here and list the s   | atellite carrier(s) below  | /  | <b>⊅</b>   |  |   |  |
| Name<br>Mailing Address   |   |  | Name<br>Mailing Address  |  |  |   |  |
|   |   |  |  |  |  |   |  |
| INTEREST A  |   |  |  |  |  |   |  |
|   | SSESSMENT   |  |  |  |  |   |  |
| •   | ISSESSMENT<br>lete this worksheet for thos<br>ion of interest assessment  |  |  |  | • • •  |   | Q  |
| For an explana  | lete this worksheet for thos  | , see page (viii) of the g   | general instructions   | located in t   | the paper SA1-2 for  | m.<br><b>52.00</b>  | Q<br>Interest Assessme   |
| For an explana  | lete this worksheet for thos<br>ion of interest assessment<br>ie amount of late payment   | , see page (viii) of the g   | general instructions   | located in t   | the paper SA1-2 for  | m.<br><b>52.00</b><br>%   | <b>Q</b><br>Interest Assessme                                  |
| For an explana  | lete this worksheet for thos<br>ion of interest assessment  | , see page (viii) of the g   | general instructions   | located in t   | the paper SA1-2 for  | m.<br>52.00<br>%<br>1.56  | <b>Q</b><br>Interest Assessme                                  |
| For an explana  | lete this worksheet for thos<br>ion of interest assessment<br>ie amount of late payment   | , see page (viii) of the g   | general instructions   | located in t   | the paper SA1-2 for  | m.<br><u>52.00</u><br>%<br><u>1.56</u><br>74 days                     | <b>Q</b><br>Interest Assessme                                  |
| For an explana<br>Line 1 Enter th<br>Line 2 Multiply  | lete this worksheet for thos<br>ion of interest assessment<br>ie amount of late payment   | , see page (viii) of the g<br>or underpayment  | general instructions   | located in t   | x 3<br>x 17  | m.<br>52.00<br>%<br>1.56  | <b>Q</b><br>Interest Assessme                                  |
| For an explana<br>Line 1 Enter th<br>Line 2 Multiply<br>Line 3 Multiply   | lete this worksheet for thos<br>ion of interest assessment<br>a amount of late payment<br>line 1 by the interest rate*<br>line 2 by the number of da  | , see page (viii) of the g<br>or underpayment<br>and enter the sum here<br>hys late and enter the si   | general instructions   | located in t   | the paper SA1-2 for  | m.<br><u>52.00</u><br>%<br><u>1.56</u><br>74 days                     | <b>Q</b><br>Interest Assessme                                  |
| For an explana<br>Line 1 Enter th<br>Line 2 Multiply<br>Line 3 Multiply<br>Line 4 Multiply  | lete this worksheet for thos<br>ion of interest assessment<br>a amount of late payment<br>line 1 by the interest rate*  | , see page (viii) of the g<br>or underpayment<br>and enter the sum here<br>hys late and enter the su   | general instructions   | located in t   | x 3<br>x 17  | m.<br><u>52.00</u><br>%<br><u>1.56</u><br>74 days                     | <b>Q</b><br>Interest Assessme                                  |
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