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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|-------------------------------|-------------------|--|--|--|--|--|
| DATE RECEIVED AMOUNT | | | | | | |
| 08/29/2024 | \$ | | | | | |
| | 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 | ACCOUNTIN | IG PERIOD COVERED BY THIS STATEMENT | : | | | | | | | | |
|------------|---|---|------------------------|-----------------------------|--------------|--------|--|--|--|--|--|
| Accounting | 2024/1 | | | | | | | | | | |
| Period | | | | | | | | | | | |
| Bowner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62137 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | | |
| | Home To | own Cable TV LLC | | | | | | | | | |
| | Blue Str | eam Fiber | | | | | | | | | |
| | | | | | 62137 | 2024/1 | | | | | |
| | | | | | 62137 | 2024/1 | | | | | |
| | | | | | | | | | | | |
| | | W 35th Street | | | | | | | | | |
| | Coral Sp | orings, FL 33065-2413 | | | | | | | | | |
| С | | IS: In line 1, give any business or trade names used appear in space B. In line 2, give the mailing addres | | | | | | | | | |
| System | 1 IDENTIFICAT | TION OF CABLE SYSTEM: | | | | | | | | | |
| | MAILING AD | DRESS OF CABLE SYSTEM: | | | | | | | | | |
| | 2 (Number, street | t, rural route, apartment, or suite number) | | | | | | | | | |
| | (City, town, stat | ie, zip code) | | | | | | | | | |
| D | Instructions: | For complete space D instructions, see page 1b. Ider | tify only the frst com | nmunity served below and re | elist on pag | ge 1b | | | | | |
| Area | with all commu | nities. | | | | | | | | | |
| Served | CITY OR TO | NWC | STATE | | | | | | | | |
| First | Port St Lucie FL | | | | | | | | | | |
| Community | Below is a sa | ample for reporting communities if you report multiple | channel line-ups in | Space G. | | | | | | | |
| | | DWN (SAMPLE) | STATE | CH LINE UP | | GRP# | | | | | |
| Sample | Alda | | MD | Α - | | 1 | | | | | |
| | Alliance | | MD | В | | 2 | | | | | |
| | Gering | | MD | В | | 3 | | | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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 fling, a determination that would be made by a court of law.

| FORM SA3E. PAGE 1b. | | | | | | | | | |
|--|-------------------|------------|------------|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
| Home Town Cable TV LLC | | | 62137 | | | | | | |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses | | | | | | | | | |
| below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by | a subscriber grou | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Port St Lucie | FL | Α | 1 | First | | | | | |
| | | | | Community | | | | | |
| | | | | See instructions for | | | | | |
| | | | | additional information on alphabetization. | | | | | |
| | | | | | | | | | |
| | | | | Add rows as necessary. | | | | | |
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| | | | | | | | | | |

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Home Town Cable TV LLC
62137

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL | OCK 1 | | | BLOCK 2 | | | | |
|--|-----------------------|----------|-------|---------|---------------------|-----------------------|-------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | |
| Residential: | SOBSCRIBERS | | IVAIL | + | CATEGORY OF SERVICE | SOBSCRIBERS | IVAIL | |
| Service to first set | 9,905 | \$ | 45.00 | | | | | |
| Service to additional set(s) | | 1 | | | | | | |
| FM radio (if separate rate) | | | | | | | | |
| Motel, hotel | | | | | | | | |
| Commercial | 17 | \$ | 46.99 | | | | | |
| Converter | | | | | | | | |
| Residential | | | | | | | | |
| Non-residential | | Ī | | | | | | |
| | | † | | 1 1 | | | f | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| BLOCK 1 | | | | | | | BLOCK 2 | |
|---|----|-------|---|-------|-------|----|---------------------|------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | RATE | | | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | | Installation: Non-residential | | | | | |
| • Pay cable | \$ | 15.00 | Motel, hotel | | | l. | | |
| Pay cable—add'l channel | | | Commercial | \$ | 33.00 | | | |
| Fire protection | | | Pay cable | | | ľ | | |
| Burglar protection | \$ | 39.99 | Pay cable-add'l channel | | | ľ | | |
| Installation: Residential | | | Fire protection | | | ľ | | |
| • First set | \$ | 33.00 | Burglar protection | | | ľ | | |
| Additional set(s) | | | Other services: | | | ľ | | |
| FM radio (if separate rate) | | | Reconnect | | | ľ | | |
| Converter | | | Disconnect | | | ľ | | |
| | | | Outlet relocation | | | ľ | | |
| | | | Move to new address | dress | | ľ | | |
| | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62137 Home Town Cable TV LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-simulcast) Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL **CARRIAGE** SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) WIWPTV 3 Ν No West Palm Beach, FL WTVX 4 ı No Fort Pierce, FL See instructions for w. WXEL 6 Ε No Boynton Beach, FL additional information on alphabetization. 7 No WIWHDT ı Stuart, FL 8 Lake Worth, FL W WPXP ı No WWPEC 9 Ν No West Palm Beach, FL **WPBF** 10 Ν No Tequesta, FL 11 Ν WWFLX No West Palm Beach, FL WTCE 21 No I Fort Pierce, FL w wtcn 67 ı No West Palm Beach, FL WWPTV-2 West Palm Beach, FL 3.2 N-M No WPBF-2 10.2 N-M No West Palm Beach, FL WWFLX-2 11.2 N-M No West Palm Beach, FL WWFLX-3 11.3 N-M No West Palm Beach, FL 22 No W WPEC-2 N-M West Palm Beach, FL West Palm Beach, FL W WTCN-2 67.2 I-M No

| IER OF CABLE SY | STEM: | | | SYSTEM ID# | | | | |
|--|---|--|--|--|--|--|--|--|
| ble TV LLC | | | | 62137 | Name | | | |
| ERS: TELEVISI | ON | | | | | | | |
| system during to ions in effect of 6.61(e)(2) and sis, as explaine | the accounting in June 24, 19 (4), or 76.63 (ed in the next | g period except 981, permitting tl referring to 76.6 paragraph | (1) stations carrie the carriage of cert (31(e)(2) and (4))]; | d only on a part-time basis under and call of the desired and (2) certain stations carried on a | G Primary Transmitters: Television | | | |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster carried the distant station on a part-time basis because of lack of activated channel capacity For the retr | | | | | | | | |
| ig multiple cha | • | • | • | channer line-up. | | | | |
| 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
| 9.2 | N-M | No | | West Palm Beach, FL | | | | |
| | able TV LLC ERS: TELEVISION G, identify ever system during to tions in effect of 6.61(e)(2) and sis, as explained stations: With CC rules, regul in here in space only on a substant and also in spanformation conform. The station's call associated with A-2". Simulcast e channel numbers. For examply yetem carried to ein each case (cast), "E" (for rese terms, see tation is outside ice area, see plave entered "Ythe distant statition on a part-tission of a distant entered into a primary transimulcasts, also hree categories e location of example change multiple change in the conformation of the conformation of the conformation of example change in the conformation of example | system during the accountinations in effect on June 24, 15 (6.61(e)(2) and (4), or 76.63 (sis, as explained in the next stations: With respect to an CC rules, regulations, or author here in space G—but do list only on a substitute basis and also in space I, if the stationram concerning substitute of the station concerning substitute of the station concerning substitute of the station of the station and the station is outside the station is outside the local serice area, see page (v) of the station is outside the local serice area, see page (v) of the station on a part-time basis because of a distant multicast strice tentered into on or before Ji a primary transmitter or an a simulcasts, also enter "E". If there categories, see page (v) of the categories, see page (v) of the concerning the station of a distant multicast strice tentered into on or before Ji a primary transmitter or an assimulcasts, also enter "E". If there categories, see page (v) of the location of each station. For Canadian stations, if any, giving multiple channel line-ups, and multiple channel line-ups, channels. | ERS: TELEVISION G, identify every television station (including system during the accounting period except tions in effect on June 24, 1981, permitting the 6.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph Stations: With respect to any distant station CC rules, regulations, or authorizations. In here in space G—but do list it in space I (the only on a substitute basis and also in space I, if the station was carried information concerning substitute basis station. It is substituted to the station of the station's call sign. Do not report origination associated with a station according to its oward. Simulcast streams must be reported in the echannel number the FCC has assigned to see. For example, WRC is Channel 4 in Wastleystem carried the station is one in each case whether the station is a network of entering the letter "N" (for network), "N-M" cast), "E" (for noncommercial educational), deserterms, see page (v) of the general instruction is outside the local service area, (i.e. "ince area, see page (v) of the general instruction on a part-time basis because of lack of a sign of a distant multicast stream that is not at entered into on or before June 30, 2009, but a primary transmitter or an association representation of each station. For U.S. stations, Canadian stations, if any, give the name of the gmultiple channel line-ups, use a separate CHANNEL LINE-UP CHANNEL LINE-UP CHANNEL LINE-UP 2. B'CAST OF STATION | ERS: TELEVISION G, identify every television station (including translator stations system during the accounting period except (1) stations carriedions in effect on June 24, 1981, permitting the carriage of cert 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; sis, as explained in the next paragraph Stations: With respect to any distant stations carried by your of CC rules, regulations, or authorizations. In here in space G—but do list it in space I (the Special Statem only on a substitute basis and also in space I, if the station was carried both on a substitute on substitute basis stations concerning substitute basis stations, see page (v) or form. The station's call sign. Do not report origination program services associated with a station according to its over-the-air designal A-2". Simulcast streams must be reported in column 1 (list each echannel number the FCC has assigned to the television states. For example, WRC is Channel 4 in Washington, D.C. This yetem carried the station is a network station, an index of entering the letter "N" (for network), "N-M" (for network multice cast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), o | ERS: TELEVISION G, identify every television station (including translator stations and low power television stations) system during the accounting period except (1) stations carried only on a part-time basis under tions in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sist as explained in the next paragraph stations. With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations There in space G—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located or m. The station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multing associated with a station according to its over-the-air designation. For example, report multing associated with a station are reported in column 1 (list each stream separately; for example echannel number the FCC has assigned to the television station for broadcasting over-the-air inse. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe ystem carried the station is a network station, an independent station, or a noncommercial ventering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M cast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) sees terms, see page (v) of the general instructions located in the paper SA3 form lation is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex ice area, see page (v) of the general instructions located in the paper SA3 form la | | | |

ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62137 **Home Town Cable TV LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION S/D

| TORWOODE. TAGE 5. | | | | | | ACCOUNTING | 1 LINIOD. 2024/1 | | | |
|---|--|--|---|--|--|--|------------------------|--|--|--|
| LEGAL NAME OF OWNER OF Home Town Cable TV | | TEM: | | | S | YSTEM ID# 62137 | Name | | | |
| SUBSTITUTE CARRIAG | E: SPECIA | AI STATEME | NT AND PROGRAM LO | ı. | | | | | | |
| In General: In space I, ident substitute basis during the ac explanation of the programm form. | ify every no | nnetwork televiseriod, under spe | sion program broadcast by a | a distant statio C rules, regu | lations, or authorizations. | For a further | Substitute | | | |
| 1. SPECIAL STATEMEN | T CONCE | RNING SUBS | TITUTE CARRIAGE | | | | Carriage: Special | | | |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? — Yes No | | | | | | | | | | |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | | |
| log in block 2. 2. LOG OF SUBSTITUTI | E PROGRA | AMS | | | | | | | | |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the prograic Column 3: Give the call Column 4: Give the brothe case of Mexican or Cal Column 5: Give the molfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules. | ace, please of every no of every no of distant sta egulations, ation. Do no Lucy" or "N m was broa sign of the adcast stat hadian stati hand day ve "5/7." hes when th Example: ter "R" if the and regulat | attach addition connetwork tele- tion and that y or authorizatio ot use general BA Basketball adcast live, ent station broaddion's location (ons, if any, the when your sy he substitute pr a program car e listed prograr ions in effect of | nal pages. vision program (substitute our cable system substitut ns. See page (vi) of the ge categories like "movies", 76ers vs. Bulls." er "Yes." Otherwise enter casting the substitute prog the community to which the ecommunity with which the estem carried the substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting perio | program) the ted for the program instructor "basketbal" "No." ram. e station is life station is ide program. U r cable syste 1:15 p.m. to 6 ramming that bd; enter the | at, during the accounting ogramming of another stions located in the pap I". List specific program censed by the FCC or, identified). se numerals, with the mm. List the times accurate 3:28:30 p.m. should be to your system was requiletter "P" if the listed programming the second street to the second should be the second second second should be the second se | g tation er n nonth ately | | | | |
| gram was substituted for perfect on October 19, 1976 | • | g that your sys | tem was permitted to dele | te under FC0 | crules and regulations i | n | | | | |
| effect off October 19, 1970 | - | | | | | 1 | | | | |
| s | UBSTITUT | E PROGRAM | 1 | | N SUBSTITUTE | 7. REASON | | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | | | |
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ACCOUNTING PERIOD: 2024/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Home Town Cable TV LLC** 62137 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM DATE **FROM** TO TO

| LEGA | IN NAME OF OWNER OF CABLE SYSTEM: THE TOWN Cable TV LLC SYSTEM I | Nome |
|---|--|--|
| Inst all a (as i page | COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 2,126,110.00 (Amount of gross receipts) | K Gross Receipts |
| Instru • Con • Con • If you fee to accomple the particular to the | **RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: **nplete block 1, showing your minimum fee.** **nplete block 2, showing whether your system carried any distant television stations.** **ur system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum from block 1 on line 1 of block 4, and calculate the total royalty fee. **ur system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule ompanying this form and attach the schedule to your statement of account.** **urt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of k 3 below.** **urt 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block | Copyright Royalty Fee |
| 3 be If pa 2 in Block | with 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line block 4 below. MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 2,126,110.00 \$ 22,621.81 | -] |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? Yes—Complete the DSE schedule. | |
| Block 3 | Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ - | - |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | _ |
| | Line 3. Add lines 1 and 2 and enter here \$ - |] |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 | Cable systems |
| | (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | |
| | Line 4. FILING FEE | the Licensing additional fees. Division for the |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | appropriate form for submitting the additional fees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) | |

ACCOUNTING PERIOD: 2024/1 FORM SA3E, PAGE 8.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Home Town Cable TV LLC 6213 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| | 32.0 | | | | | | | | | | |
| M | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | | |
| Channels | 1. Enter the total number of channels on which the cable system carried television broadcast stations | | | | | | | | | | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | | | | | | | | | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) | | | | | | | | | | |
| Individual to Be Contacted for Further Information | Name Donna Marreel Telephone 772-597-3161 | | | | | | | | | | |
| | Address PO Box 397 (Number, street, rural route, apartment, or suite number) | | | | | | | | | | |
| | Indiantown, FL 34956 (City, town, state, zip) | | | | | | | | | | |
| | Email dmarreel@bluestreamfiber.com Fax (optional) | | | | | | | | | | |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | | | | | | | | | | |
| Certifcation | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) | | | | | | | | | | |
| | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or | | | | | | | | | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or | | | | | | | | | | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. | | | | | | | | | | |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | | | | | | | | | | |
| | X /s/ Myron Reising | | | | | | | | | | |
| | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. | | | | | | | | | | |
| | Typed or printed name: Myron Reising | | | | | | | | | | |
| | Title: Chief Financial Officer (Title of official position held in corporation or partnership) | | | | | | | | | | |
| | Date: August 28, 2024 | | | | | | | | | | |

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 telephonumbers. 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | |
|--|------------------------------------|
| Home Town Cable TV LLC 62137 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the | Special Statement Concerning |
| paper SA3 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? | Gross Receipts Exclusion |
| X NO | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Mailing Address Name Mailing Address | |
| | " |
| INTEREST ASSESSMENTS | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest - Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | _ |
| (interest charge) * 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | |
| Owner Address | |
| First community served | |
| Accounting period | |
| ID number | |

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