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

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
9/40/2024	\$					
8/19/2024	ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	62373
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Pembroke Advanced Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 10 (Number, street, rural route, apartment, or suite number)	
		Pembroke, GA 31321 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle	
	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space.	ace B.
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
		(Oit), Oilli, Oillo, Elp 0000)	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF GARLE GYOTEM	FORM SA1-2E. PAG  SYSTEM						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Pembroke Advanced Communications, Inc.	623						
D	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 first 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							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	North Bryan County	GA						
Community	Evans County	GA						
Rows as Necessary								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pembroke Advanced Communications, Inc.

SYSTEM ID#

62373

# 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:						
<ul> <li>Service to first set</li> </ul>			Prime	799	37.00	
<ul> <li>Service to additional set(s)</li> </ul>						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential	***************************************					

# 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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		Choice	#####
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Premium	#####
<ul> <li>Fire protection</li> </ul>		• Pay cable		НВО	18.50
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		Cinemax	15.00
Installation: Residential		Fire protection		Starz	14.00
• First set		Burglar protection		Show	18.50
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
<ul> <li>Converter</li> </ul>		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62373 Pembroke Advanced Communications, Inc.

G

### **Primary Transmitters: Television**

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION WSAV/NBC 3 N Savannah, GA WVAN/PBS 9 Ε Savannah-Pembroke, GA 11 N WTOC/CBS Savannah, GA WJCL/ABC 22 Ν Savannah, GA WTGS/FOX 28 N Savannah, GA

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4.
ECAL NAME OF OWNED OF CARLE SYSTEM.	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID#** 62373

Pembroke Advanced Communications, Inc.

#### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

**Special Instructions Concerning All-Band FM Carriage:** Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					··		
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Accounting Period: 2024/1 FORM SA1-2E. PAGE 5										
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Pembroke Advanced (	Communic	cations, Inc.	•				62373		
	SUBSTITUTE CAPPIAGE	- SDECIA	I STATEMEN	NT AND PROGRAM I O						
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable systen	n carry, on a substitute ba	sis, any nonn	etwork tel	evision prog	ram		
Program Log	broadcast by a distant station?									
	NI a d a 16 ' "NI	,								
	<b>Note:</b> 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 SUBSTITUTE									
	In General: List each subs				wherever po	ossible, if	their meaning	g is		
	clear. If you need more spa				W (1					
		•		vision program ("substitute		-		_		
	period, was broadcast by a under certain FCC rules, re		•	•		•	-			
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.		vice of back	otbaii. Liot opoomo progre		латрю,	. Lovo Lacy	O1		
			dcast live, ente	er "Yes." Otherwise enter '	'No."					
	Column 3: Give the call	sign of the	station broadc	asting the substitute progr	am.					
			,	he community to which the		•	the FCC or,	in		
	the case of Mexican or Car			-		,				
		-	when your sys	stem carried the substitute	program. Us	se numera	ils, with the r	nonth		
	first. Example: for May 7 giv		btitt	agrama was sarried by vary	, aabla avatav	liat tha	time on a cour	atalı.		
	to the nearest five minutes.		•	ogram was carried by your	•			ately		
	stated as "6:00–6:30 p.m."	Example.	a program can	ied by a system nom o.o.	. 13 p.111. to 0	.20.30 p.ii	n. Should be			
		er "R" if the	listed program	n was substituted for prog	ramming that	vour svst	em was <i>reau</i>	iired		
	to delete under FCC rules a									
	was substituted for progran							·		
	effect on October 19, 1976	•								
						N SUBST				
	S		E PROGRAM			AGE OC		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM	<u>— то</u>			
							_			
							_			
								"		

Accounting Period:	2024/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Pembroke Advanced Communications, Inc.	S	62373
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service mount, see	7,717.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00.	nis six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 2. Interest energe. Enter the amount from the 1, epase Q, page 0		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula		
	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	17,717.00	
	5. Enter the amount from line 3	46,083.00	
	6. Subtract line 5 from line 4	71,634.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	858.17
	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	\$	858.17
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,0	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	·		
	3. Subtract line 2 from line 1		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE	_	
Filing Fee and		0=0 :	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	858.17	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	878.17
	EFT Trace # or TRANSACTION ID # 27H0CIMS		
	Important: Your remittance must be in the form of an electronic payment payable to the Register	of Convrights	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

U.S. Copyright Office

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: vanced Communications,	Inc.			SYSTEM ID# 62373
<b>M</b> Channels	to its subscriber  1. Enter the total system carried  2. Enter the total on which the c	s, and (2) the cable system's all number of channels on which television broadcast stations all number of activated channels able system carried television	is	els during the ac	counting period.	295
N Individual to		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDE	<b>D</b> (Identify an ind	lividual	
Be Contacted for Further Information	Name	Mary Anna B Hite			Telephone	(912) 653-4389
	Address	P.O. Box 10 / 185 E E (Number, street, rural route, apart  Pembroke, GA 3132*	tment, or suite number)			
	Email	(City, town, state, zip)  maryanna.hite(	@pacfiber.com		Fax (optional)	
O Certification	I, the undersign  (Owne  (Agen in  X (Officin in  I have examine)	ed, hereby certify that (Check of the other than corporation or put of owner other than corporation of space B and that the other of the partner) I am an officer (line 1 of space B.  I detend the statement of account and the te, and correct to the best of my	nust be certified and signed in acone, but only one, of the boxes.)  partnership) I am the owner of the boxes at ion or partnership) I am the downer is not a corporation or partner (if a corporation) or a partner (if a hereby declare under penalty of I y knowledge, information, and belesses	e cable system as uly authorized age ership; or partnership) of th aw that all statem	s identified in line 1 of space ent of the owner of the cable so the legal entity identified as ow the tents of fact contained herein	system as identified
			X /s/Mary Anna B  Enter an electronic signature on tenter signature using an "/s/ signature using an "	he line above to co	•	
		Typed or printed	d name: <b>Mary Anna B H</b>	ite		
		Title: (Title of c	Secretary-Treasurer official position held in corporation or pa	urtnership)		
		Date:			08/19/2024	

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U.S. Copyright Office

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ounting Period: 2024/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mbroke Advanced Communications, Inc.	62373
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q 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** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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