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 C	Return completed we by email to:	
DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
8-28-24	\$ ALLOCATION NUMBER	For additional inform contact the U.S. Cop Office Licensing Divi Tel: (202) 707-8150

Return completed workbook by email to: coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at:

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31				
Accounting		Barcode Data Filing Period (optional - see instructions)				
Accounting Period						
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.				
Owner		List any other name or names under which the owner conducts the business of the cable system.				
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.				
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
		DIRECTV, LLC				
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)				
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM				
		2260 E Imperial Hwy Room 839				
		(Number, street, rural route, apartment, or suite number) El Segundo, CA 90245				
		(City, town, state, zip)				
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.				
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite number)				
		(City, town, state, zip code)				

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

Accounting Period:	2024/1	F00W0W05 0V05 W			
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#			
Name	DIRECTV, LLC 63570				
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see	munities within unincorporated areas and including single, discrete			
A	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			
Area Served	city.				
	CITY OR TOWN	STATE			
First Community	Columbus Hamilton	GA GA			
	HARRIS UNINCORPORATED COUNTY	GA GA			
Add Rows as Necessary	Pine Mountain	GA			
	AUBURN	AL			
	EUFAULA LEE UNINCORPORATED COUNTY	AL AL			
	OPELIKA	AL AL			
	PHENIX CITY	AL			
	RUSSELL UNINCORPORATED COUNTY	AL			
	SMITHS STATION	AL			

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

DIRECTV. LLC

SYSTEM ID# 63570

Ε

Secondary Transmission Service: Sub-

scribers 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.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,494	\$26	HD Tech Fee	1,343	\$10.00
					\$0-
Service to additional set(s)			Set-Top Box	1,520	\$15
					\$12.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	1,490	\$13.99
Motel, hotel					
Commercial	26	\$20			
Converter					
Residential					
Non-residential					
				T	

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	•	
ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGO		CATEGORY OF SERVICE	RATE		
Continuing Services:		Installation: Non-residential			
					\$0
• Pay cable		Motel, hotel		Video on Demand	\$10
					\$0
• Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$3
					\$(
Fire protection		• Pay cable		Credit Management Fe	\$44
 Burglar protection 		Pay cable-add'l channel		Dispatch on Demand	\$99
					\$0
Installation: Residential		Fire protection		Wireless Receiver	\$4
• First set	\$0-\$199	Burglar protection		HD Premium Tier	\$10
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$10
• FM radio (if separate rate)		• Reconnect	\$0-\$35	Vacation Hold	\$
Converter		Disconnect		Progran Downgrade F	\$5
		Outlet relocation	\$0-\$55	Non-return Equip Fee	0-\$150
		Move to new address			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63570

4. LOCATION OF STATION

DIRECTV, LLC

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

WGBP	66	I	Opelika, AL
WGIQ/WGIQHD	43/1043	E	Louisville, AL
WJSP/WJSPHD	28/1028	E	Columbus, GA
WLTZ/WLTZHD	38/1038	N	Columbus, GA
WLTZD2/WLTZH2	38/1038	I	Columbus, GA
WRBL/WRBLHD	3/1003	N	Columbus, GA
WSFA/WSFAHD	12/1012	N	Montgomery, AL
WTVM/WTVMHD	9/1009	N	Columbus, GA
WXTX/WXTXHD	54/1054	I	Columbus, GA
WYBU-CD	16	I	Columbus, GA

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2024/1		FORM S	SA1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIRECTV, LLC		(SYSTEM ID# 63570			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmissinpute this amo	ion service bunt, see				
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 e • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		3,800				
	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 accounting period is \$52.00	st pay for this s	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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · · · · · _					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	an \$137,100))				
	1. Base amount under statutory formula	,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	····· <u> </u>		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 t	han \$527,60	00)				
	1. Enter the amount of gross receipts from space K	,628.46					
	2. Base amount under statutory formula	3,800.00					
	3. Subtract line 2 from line 1	3,828.46					
	4. Multiply line 3 by .01	2	2,438.28				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1	,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	•			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u>\$</u>	i	3,757.28			
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3	3,757.28				
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	\$	i	3,777.28			
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more	-		jhts!			

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:			SYSTEM ID#
Name	DIRECTV, LLC				63570
	CHANNELS				
M	Instructions: Y	ou must give (1) the number	channels on which the cable system ca	rried television broadcast stations	3
	to its subscribe	rs, and (2) the cable system's	tal number of activated channels during	the accounting period.	
Channels	1 Enter the tota	al number of channels on whic	the cable		
					18
	,			·	
		al number of activated channe			
		cable system carried television	broadcast stations		581
	and nonbroa				
N	INDIVIDUAL TO	O BE CONTACTED IF FURT	ER INFORMATION IS NEEDED (Identify	an individual to whom	
IN		about this statement of accou		an manada to mion	
Individual to					
Be Contacted for Further	Name	Myriam Nassif		Telephone	310-964-1930
Information	Name	Wyllam Nassii		Теюрнопе	310-304-1330
	Address	2260 E Imperial Hwy	00m 839		
	Address	(Number, street, rural route, apartr	nt, or suite number)		
		El Segundo, CA 9024			
	· · · · · · · · · · · · · · · · · · ·	(City, town, state, zip)			
	Email	mn112s@att.co		Fax (optional	
	CERTIFICATION	(This statement of account m	t be certified and signed in accordance v	with Copyright Office regulations)	
0			J	, ,	
Certification	• I, the undersigned	ed, hereby certify that (Check o	, but only one , of the boxes.)		
					_
	(Owne	r other than corporation or p	tnership) I am the owner of the cable syst	tem as identified in line 1 of space I	B; or
	(Agent	of owner other than corners	on or partnership) I am the duly authorize	ad agent of the owner of the cable s	system as identified
	(Agont		owner is not a corporation or partnership; of		yotom do identinod
	X (Office	er or partner) I am an officer (i	corporation) or a partner (if a partnership) of the legal entity identified as ow	ner of the cable system
	1	in line 1 of space B.			
			reby declare under penalty of law that all s		
	are true, comple [18 U.S.C., Sect		knowledge, information, and belief, and are	e made in good faith.	
	•	, ,			
			X /s/ Sara Gunther		
			7 To Tara Carrano		•
			nter an electronic signature on the line abov	re to certify this statement.	
			nter signature using an "/s/ signature" (e.g.,	/s/ John Smith)	
	Ī				
		Typed or printed	ame: Sara Gunther		
		Title:	VP, Financial Ops		
		(Tit	of official position held in corporation or partnersl	nip)	
		Data		012012024	
		Date:		8/20/2024	

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ounting Period: 2024/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
RECTV, LLC	63570
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	•
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1. Enter the amount of late payment or undernayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
X	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xdays	
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	_
(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 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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CONTROL #: REMITTANCE #:

☐ Accepted

☐ Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs rec'd	Initials
		Date of remittance	☐ Check ☐ EFT	☐ FILING FEES
Cable ID#				Amount Initials
Examined by	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period				
	☐ January 1 - June 30, 2017		July 1 - December 31, 2017	
	☐ Letter sent		Information received	
	☐ Accepted		Phone call/Date/Contact	
Space B Owner				
	☐ Letter sent		Information received	
	☐ Accepted		Phone call/Date/Contact	
Space D Area Served				
	☐ Letter sent		Information received	
	☐ Accepted		Phone call/Date/Contact	
Space E Secondary Transission				
Service Subscribers:	☐ Letter sent		Information received	
and Rates	☐ Accepted		Phone call/Date/Contact	
Space G Primary Transmitters:				
Television	☐ Letter sent		Information received	

 $\ \square$ Phone call/Date/Contact

☐ Phone call/Date/Contact

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	