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							
08/27/24	\$ ALLOCATION NUMBER							
	ALEGORI HOMBER							

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		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
		Zito Canton LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Zito Media
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 665 (Number, street, rural route, apartment, or suite number)
		Coudersport, PA 16915 (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:
		Zito Media - Loyalsock MAILING ADDRESS OF CABLE SYSTEM:
		MINICINO ADDICEGO OF VADEL OTOTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 kn 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. CITY OR TOWN		I	CVCTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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. CITY OR TOWN STATE Loyalsock PA Hepburn PA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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. CITY OR TOWN STATE Loyalsock PA Hepburn PA			
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Loyalsock PA Hepburn PA			
Served identified city. CITY OR TOWN STATE First Loyalsock PA Community Hepburn PA			
CITY OR TOWN STATE First Loyalsock PA Community Hepburn PA			te nome parks should be reported in parentheses below the
First Loyalsock PA Community Hepburn PA	Servea	identified dity.	
First Loyalsock PA Community Hepburn PA			
Community Hepburn PA		CITY OR TOWN	STATE
		Loyalsock	PA
Rose a Notice of Control of Contr	Community	Hepburn	PA
Real Research			
	d Rows as Necessary		

E

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.

BLG	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	195	20.45					
Service to additional set(s)							
• 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 1							
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
Continuing Services:		Installation: Non-residential						
Pay cable		Motel, hotel						
 Pay cable—add'l channel 		Commercial						
 Fire protection 		• Pay cable						
Burglar protection		Pay cable-add'l channel		111111111111111111111111111111111111111				
Installation: Residential		Fire protection						
• First set	30.00	Burglar protection		111111111111111111111111111111111111111				
 Additional set(s) 		Other services:		111111111111111111111111111111111111111				
• FM radio (if separate rate)		Reconnect	30.00	111111111111111111111111111111111111111				
Converter		Disconnect		111111111111111111111111111111111111111				
		Outlet relocation	30.00					
		Move to new address	30.00					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63697

4. LOCATION OF STATION

Zito Canton 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

WBRE 28.1 Ν Wilkes-Barre PA **WNEP** 16.1 N **Scranton PA** WOLF 56.1 N **Hazelton PA WQMY** 53.1 Williamsport PA **WSWB** 38.1 **Scranton PA WVIA** 44 Ε **Scranton PA WYOU** 22.1 N **Scranton PA**

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Zito Canton LLC 63697

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
5, LL 01014	7 1111 51 1 111	5,5	200/11/01/01/01/11/01	5, LL 51514	7 11 31 1 11	5,0	233/11/01/01/01/11/01
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Accounting Perio	ounting Period: 2024/1 FORM SA1-2E. PAGE										
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#				
Name	Zito Canton LLC							63697			
1	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Carriage: Special											
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log											
	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 SUBSTITUTE PROGRAMS										
	In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time	ce, please a of every no distant stati gulations, o ies like "mo Bulls." in was broad sign of the sadcast static adian statio ith and day ye "5/7." es when the	m on a separa add additional representation and that your authorizations vies" or "basked deast live, enterestation broadcator's location (thous, if any, the ewhen your systematical and the station of the second and	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific prograr "Yes." Otherwise enter "sting the substitute progra e community to which the community with which the tem carried the substitute gram was carried by your	e program") the ed for the program instruction titles, for existing a station is lice a station is ide a program. User cable system	at, during the gramming of ons for furthe ample, "I Lo ensed by the ntified). e numerals, at the time.	e accounting another stater information or Lucy" or EFCC or, in with the mornes accurate	ion 1. hth			
	to the nearest five minutes.	Example: a	ı program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. s	hould be				
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	er "R" if the	listed program	was substituted for progr	ramming that	our system	was require	d			
	to delete under FCC rules a										
	was substituted for program		our system wa	s permitted to delete und	er FCC rules a	and regulation	ons in				
	effect on October 19, 1976.										
					WHI	EN SUBSTI	TUTE				
	S	UBSTITUT	E PROGRAM	1		IAGE OCC		7. REASON FOR			
	TITLE OF PROGRAM		3. STATION'S		5. MONTH		TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> то</u>				
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	2024/1 LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA	YSTEM I								
Name	Zito Canton LLC	3	636								
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you particle and the amount you particle and the gross receipts) paid to your cable system by subscribers for the system's secondary to (as identified in space E) during the accounting period. For a further explanation of how to compute page (viii) 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.	ransmission service this amount, see	e 4,055.21								
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 but less										
	See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-month									
	accounting period is \$52.00	, 101 4110 6111 11101141									
	Line 1. Royalty fee for accounting period	<u>\$</u>	52.00								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00								
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		52.00								
	1. Base amount under statutory formula										
	2. Enter amount of gross receipts from space K										
	Subtract line 2 from line 1	<u></u>									
	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)		0.00								
	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	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	0.00									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · <u> </u>									
	FILING FEE AND TOTAL REMITTANCE DUE										
F.W F											
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00									
	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	15.00									
Due	·										
Due	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00								

Accounting Period:	2024/1										F	ORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: .C										SYSTEM ID# 63697
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television teast services	otal numb	ber of active	vated channe	s during the	e accoul	nting period	d.		7 86	
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		DRMATIO	N IS NEEDED	(Identify an	n individ	ual to whor	n			
for Further Information	Name	Teri McMullen							Telephone	814-260	-0434	
	Address	PO Box 665 (Number, street, rural route, aparts Coudersport PA 169 (City, town, state, zip)		uite number)								
	Email	teri.mcmullen@	zitomedi	lia.com			Fa	ax (optiona	l)			
O Certification	I, the undersigne (Owne (Agent in	(This statement of account mode, hereby certify that (Check or or other than corporation or part of owner other than corporalline 1 of space B and that the owner or partner) I am an officer (if line 1 of space B. I the statement of account and be, and correct to the best of my on 1001(1986)]	artnership tion or pa wner is no	ip) I am the artnership of a corpor ration) or a	e owner of the i) I am the duly ation or partner (if a partner)	cable system authorized a rship; or artnership) of w that all stat	n as idea agent of f the leg	ntified in line f the owner lal entity ide	e 1 of space I of the cable s ntified as own	3; or ystem as ide		
				n electronic	nes Rigas signature on t ng an "/s/ sign:			•	ment.	-		
		Typed or printed Title: (Title of o	Presid	dent	s Rigas	tnership)		08/27/20	24			

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counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
to Canton LLC	63697
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."	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.	receipts Exclusion
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 underpayment	Interest Assessment
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	_
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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