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

prints correctly

## 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					
02/28/2025	\$ 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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2024/2			
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busing if there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account in the conduction of the country of the	ess of the cable systems on the last day of to ounting period.	em. the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon New York Inc.			
				06315520242
				063155 2024/2
	9000 Junction Dr			
	Annapolis Junction, MD USA 20701			
С	INSTRUCTIONS: In line 1, give any business or trade names used to inames already appear in space B. In line 2, give the mailing address or			
System	1 DENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Syracuse, NY) VHO 15a			
	MAILING ADDRESS OF CABLE SYSTEM: 6360 Thompson Road 2 (Number, street, rural route, apartment, or sulte number Syracuse, NY 33637 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify of	only the frst commu	unity served below and relis	t on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	CAMILLUS (TOWN)	NY		
Community	Below is a sample for reporting communities if you report multiple cha			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alliana	MD	A	1
	Alliance Gering	MD MD	В	2 3
	Gering	IVID	В	3

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

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

## Verizon New York Inc.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you of system identification hereafter known as the "first community." Please use it as the first community on all Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be rebelow the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community work designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE
CAMILLUS (TOWN)	NY
AUBURN (CITY)	NY
BALDWINSVILLE VILLAGE	NY
CAMILLUS (VILLAGE)	NY
CICERO (TOWN)	NY
CLAY (TOWN)  DE WITT (TOWN)  EAST SYRACUSE (VILLAGE)  FAYETTEVILLE (VILLAGE)	NY
DE WITT (TOWN)	NY
EAST SYRACUSE (VILLAGE)	NY
FAYETTEVILLE (VILLAGE)	NY
FLEMING (TOWN)	NY NY
GEDDES (TOWN)	NY
LIVERPOOL (VILLAGE)	NY
LYSANDER (TOWN)	NY
NORTH SYRACUSE (VILLAGE)	NY
OWASCO (TOWN)	NY
SALINA (TOWN)	NY
SENNETT (TOWN)	NY
SKANEATELES (TOWN) SKANEATELES VILLAGE	NY
SKANEATELES VILLAGE	NY
SOLVAY (VILLAGE) VAN BUREN (TOWN)	NY
VAN BUREN (TOWN)	NY

ommunity unit" as within unincorpo ou list will serve as future filings.	D Area Served	
or all), then either ou report any star vith a subscriber o	tions	
e each community designated by a	number	
CH LINE UP	SUB GRP#	
A	1	First
A	1	Community
A	1	
A	1	
A	1	See instructions for
A	1	additional information
A	1	on alphabetization.
A	1	
A	1	
Α	1	
Α	1	Add rows as necessary.
Α	1	
Α	1	
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A	1	
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		l

**ACCOUNTING PERIOD: 2024/2** FORM SA3E. PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063155 Verizon New York Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE RATE **SUBSCRIBERS** Residential: · Service to first set 49.24 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 330 35.00 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

F

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	R	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:			Installation: Non-residential			
	Pay cable	\$	15.00	Motel, hotel		See Tab Attachment B	
	<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			
	Fire protection			• Pay cable			
	•Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>			
	Installation: Residential			Fire protection			
	First set	\$	99.00	<ul> <li>Burglar protection</li> </ul>			
	Additional set(s)	\$	60.00	Other services:			
	<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect			
	Converter			Disconnect			
				Outlet relocation	\$ 60.00		
				Move to new address			

Category of Service	Residential Rate	Commercial Rate
Block 1	1E 00	15.00
Pay Cable Pay Cable - add'l Channel	15.00	15.00
Installation - First Set	99.00	99.99
Installation - Additional Set(s)	60.00	34.99
Outlet Relocation	60.00	69.99
Block 2	00.00	00.00
Fios Current TV	N/A	65.00
Fios Current TV for Bar/Restaurant	N/A	65.00
Fios TV Local	25.00	50.00
FIOS TV Local for Bar/Restaurant	N/A	50.00
Custom TV Kids & Pop	64.99	N/A
Custom TV Sports & News	64.99	N/A
Custom TV Action & Entertainment	64.99	N/A
Custom TV News & Variety	64.99	N/A
Custom TV Lifestyle & Reality	64.99	N/A
Custom TV Infotainment & Drama	64.99	N/A
Custom TV Home & Family	64.99	N/A
Fios TV Preferred HD	74.99	120.00
Fios TV Extreme HD	79.99	140.00
Fios TV Ultimate HD	89.99	150.00
Fios Local TV	79.00	N/A
Fios TV Test Drive	95.00	N/A
Your Fios TV	95.00	N/A
More Fios TV	119.00	N/A
The MostFios TV	139.00	N/A
Fios TV Mundo Total	139.00	N/A
Fios TV Mundo	119.00	N/A
Your Fios TV Spotlight Package	95.00	N/A 15.00
Sports Pass	14.00 N/A	15.00 Included
Sports Pass (Ultimate HD Customers) Fox Soccer Plus	14.99	14.99
Fox Soccer Plus (Bar/Rest.)	N/A	Varies
Sports Pass (Bar/Rest.)	N/A	Varies
Cinemax	15.00	15.00
MGM+	15.00	15.00
HBO / HBO Max	15.00	15.00
Paramount+ with Showtime	15.00	15.00
Starz	N/A	15.00
Starz/Encore	15.00	N/A
Spanish Language Package	N/A	Varies
Music Choice Package	N/A	34.99
Internaltional Language Packages	Varies	Varies
International Premium Channels	Varies	N/A
On Demand Movies and Games	Varies	Varies
On Demand Subscriptions	Varies	Varies
Pay Per View	Varies	Varies
MLB Extra Innings	149.99	N/A
NBA League Pass	109.99	Varies
NHL Center Ice	69.00	Varies
CableCARD	10.00	10.00
Digital Adapter	10.00	10.00
Set-Top Box First two boxes (each)	12.00	11.99
Set-Top Box: Boxes 3-5 (each)	6.00	11.99
Set-Top Box: 6+ boxes	No additional charge	11.99

Catamamy of Camilaa	Residential	Commercial
Category of Service	Rate	Rate
Streaming device connection bundle	20.00	N/A
Fios Quantum Gateway Router	N/A	N/A
Fine Minelane Devitor	\$18 rental,	\$15 rental,
Fios Wireless Router	\$299.99 purchase	\$299.99 purchase
Variana Bantan	\$18 rental,	\$18 rental,
Verizon Router	\$399.99 purchase	\$399.99 purchase
Fios TV Activation Fee	99.00	99.99
DVR Service	12.00	12.00
Multi-room DVR Enhanced Service	20.00	20.00
Multi-room DVR Premium Service	30.00	30.00
Agent Assistance Fee	10.00	N/A
Fios TV Setup w New Outlets	160.00	N/A
New Outlet Install/Existing Relocation	60.00	69.99
Peak-Time Installation	N/A	49.99
Tech Visit Charge Subsequent	up to \$100	99.99
New Outlet Installation Subsequent	60.00	69.99
Existing Outlet Connection Subsequent	N/A	34.99
Existing Outlet Connection (up to 3)	N/A	89.99
Service Charge	up to \$100.00	120.00/55.00
Set-Top Box Return - UPS/Retail	Free	No Charge
Standard Shipping Charge	N/A	25.00
Expedited Shipping Charge (additional)	N/A	15.00
Set-Top Box Addition (self-install)	N/A	No Charge
Set-Top Box Add/Upgrade	25.00	N/A
TV Equipment Upgrade	N/A	50.00
TV Equipment Tech Install	up to \$100	N/A
Seasonal Service Suspenstion	50.00	N/A
Fios TV Suspend for non payment	50.00	29.99
Fios TV Voice Remote	24.99	24.99
Fios Replacement Remote	15.00	14.99
Unreturned/Damaged Fios Router	175.00	up to 175.00
Unreturned/Damaged Verizon Router	200.00	200.00
Unreturned/Damaged STB Media Client	115.00	N/A
Unreturned/Damaged STB Fios TV One Mini	115.00	115.00
Unreturned/Damaged STB Fios Svc Unit	210.00	210.00
Unreturned/Damaged Fios TV+	90.00	N/A
Unreturned/Damaged STB Media Server	375.00	N/A
Unreturned/Damaged STB Fios TV One	375.00	375.00

FORM SA3E. PAGE 3.					OVOTEM ID#	1
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Nama
Verizon New Yo	ork Inc.				063155	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 Stabasis under specifc FC  Do not list the station station was carried that the station here, a basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service.	ations: With residence in space only on a substand also in space formation concern.  In station's call substanded in station's call substanded with a space of the second case of the second case of the second in the second case of the second	spect to any of ations, or auth G—but do list titute basis. ace I, if the stateming substitute basis. Bign. Do not refer the FCC has a station action action action action action. The station action	distant stations on orizations: to it in space I (the ation was carried tute basis station eport origination coording to its over the terms of the eport origination as assigned to the annel 4 in Washation is a network ation is a network of educational), of educational), of educational), of educational), of educational), of educational), of educational instructive area, (i.e. "digeneral instructive	ne Special Statem d both on a substins, see page (v) on program service rer-the-air designate column 1 (list each the television statington, D.C. This rk station, an index (for network multion "E-M" (for noncottions located in the listant"), enter "Yestions located in the plete column 5, s	s". If not, enter "No". For an ex-	Transmitters: Television
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FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name
Verizon New Yo	ork Inc.				063155	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s	system during to lons in effect o	the accounting n June 24, 19	g period, except 81, permitting th	t (1) stations carri ne carriage of cer	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
substitute program bas	sis, as explaine	ed in the next	paragraph.		and (2) certain stations carried on a ble system on a substitute program	Primary Transmitters: Television
basis under specifc FC					zio opereni en a cazentato programi	TCICVISION
	•		t it in space I (th	ne Special Statem	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
Column 1: List each each multicast stream	n station's call associated wit	h a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example	
WETA-simulcast). Column 2: Give the	channel numb	per the FCC h	as assigned to t	the television stat	ion for broadcasting over-the-air in	
on which your cable sy	stem carried t	he station.			may be different from the channel	
educational station, by (for independent multion For the meaning of the	entering the lecast), "E" (for neese terms, see	etter "N" (for n oncommercia page (v) of th	etwork), "N-M" ( Il educational), c e general instru	for network multion for "E-M" (for nonc ctions located in	cast), "I" (for independent), "I-M" ommercial educational multicast). the paper SA3 form.	
Column 4: If the sta planation of local servi			•	,	es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you ha	ve entered "Ye	es" in column	4, you must con	nplete column 5,	stating the basis on which your	
carried the distant stat		-		•	ntering "LAC" if your cable system capacity.	
					y payment because it is the subject estem or an association representing	
_					ary transmitter, enter the designa-	
` ' '			•	•	other basis, enter "O." For a further	
					ed in the paper SA3 form.  / to which the station is licensed by the	
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	e the name of tl	he community wit	h which the station is identifed.	
Note: If you are utilizin	g multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	Α		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL		(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
WSYT Cozi TV	68	I-M	No		Syracuse	
WCNY Create	24	E-M	No		Syracuse	See instructions for
WCNY World	24	E-M	No		Syracuse	additional information
WCNY PBS Kids	24	E-M	No		Syracuse	on alphabetization.
WSYR Bounce TV		N-M	No		Syracuse	
WSYR Antenna T	9	N-M	No No		Syracuse	
WTVH TBD TV	5	E-M	No		Syracuse	
WSYT Dabl	68	I-M	No		Syracuse	
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063155 Verizon New York Inc. 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 LOCATION OF STATION AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2024/2
LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Verizon New York Inc.							063155	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG					
In General: In space I, identification in the substitute basis during the ac explanation of the programmi	counting per	riod, under spec	cific present and former FCC	rules, regulat	tions, or aut	horizations. Fo	or a further	Substitute
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								Carriage:
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
<b>Note:</b> If your answer is "No", log in block 2.	leave the res	st of this page b	lank. If your answer is "Yes,	you must co	mplete the	program		Program Log
period, was broadcast by a di under certain FCC rules, regu SA3 form for futher informatic titles, for example, "I Love Lu- Column 2: If the program of Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canad Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ate program be, please atta every nonne stant station ulations, or a bn. Do not u cy" or "NBA was broadca gn of the sta cast station's dian stations and day wh "5/7." when the sta xample: a pr "R" if the list d regulations	on a separate li ach additional p etwork television and that your of uthorizations. See general cate Basketball: 766 ast live, enter "Y tion broadcasting is location (the content your system ubstitute programing and the content your system ubstitute programing the program carried little to the content your system.	ages. In program (substitute prograstable system substituted for the page (vi) of the general ingories like "movies", or "basters vs. Bulls."  The substitute program of the substitute program or carried the substitute program was carried by your cable by a system from 6:01:15 p.r. is substituted for programming the accounting period; enter the substitute program is substituted for programming the accounting period; enter the substitute programming the accounting period; enter the substitute programming the accounting period; enter the substituted for programming the accounting period; enter the substitute programming the accounting period; enter the substitute programming the substituted for programming the accounting period; enter the substitute programming	m) that, during the programment tructions looketball". List so the second is licensed in its identified arm. Use number to 6:28:30 pag that your system the letter "P	g the accouning of anot cated in the specific proby the FCC).  by the FCC).  he times account should yetem was account of the lister	inting her station paper gram  or, in he month ccurately be required d pro		
					EN SUBST		7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>		1
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

Accounting	2111021 2021,2								Ortivi	CAUL. I AUL U
Name	LEGAL NAME OF O		SYSTEM:						S	YSTEM ID# 063155
J Part-Time Carriage Log	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-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 column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-							of the	•	
			DATES	AND HOURS	OF F	PART-TIME CAR	RIAGE			
	CALL SIGN	WHEN	I CARRIAGE OCCU			CALL SIGN	WHEN	CARRIAGE O	CCUI OUR	
		DATE	FROM	TO			DATE	FROM		то
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063155	Name
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's secondard identified in space E) during the accounting period. For a further explanation of how to come (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  ORTANT: You must complete a statement in space P concerning gross receipts.	ary transmission service	K Gross Receipts
<ul><li>Instru</li><li>Con</li><li>If you</li><li>If you</li><li>accord</li></ul>	YRIGHT 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. It is system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable parts of part 9, block A, of the DSE schedule was completed, the base rate fee should be en	of the DSE Schedule	<b>L</b> Copyright Royalty Fee
bloc If pa 3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be enterelow.  Art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	ered on line 2 in block	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are least the minimum fee, regardless of whether they carried any distant stations. This fee is 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.		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the info space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4 "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period?  Yes—Complete the DSE schedule.	4, you must check	
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 (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	\$ 110,725.70 0.00	Cable systems submitting additional deposits under Section 111(d)(7)
	(Interest Worksheet)	\$ 725.00	should contact 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	\$ 111,450.70	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See general instructions located in the paper SA3 form for more information.)	e page (i) of the	

ACCOUNTING PERIOD: 2024/2

Name											TEM ID# 063155	
M Channels	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.											
	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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)											
for Further Information	Name	Daniel J Margolis Telephone (703) 558-9832									58-9832	
	Address 9000 Junction Dr (Number, street, rural route, apartment, or suite number)											"
	Annapolis Junction, MD USA 20701 (City, town, state, zip)											
	Email	da	aniel.	.margolis@ve	erizon.com			Fax (optional)	)			ni.
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership)] am the owner of the cable system as identifed in line 1 of space B; or											
				corporation or pa			zed ager	nt of the owner	of the cable s	ystem as ide	entified	
	(Officer of in line 1 of		m an c	officer (if a corporat	tion) or a partner	(if a partnershi	ip) of the	e legal entity ide	entifed as own	er of the cab	le system	
	• 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)]											
	I	<b>-</b>	X	/s/ Paula M. Va	aldez							
		(e.	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: Paula M. Valdez										
				Assistant Se			/ York	Inc.				11
		Da	ate:	February 28, 202	25							·

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 th 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 telephon 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 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

prints correctly

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
Verizon New York Inc.	063155	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 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?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name							
Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
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.							
		Interest					
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
	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	-						
	x 0.00274						
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 please list below the owner, address, first community served, accounting period, and ID notifiling.							
Owner							
Address							
First community convol							
First community served Accounting period							
ID number							

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