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

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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 | | |
| 02/20/2020 | | | |

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

| $\overline{}$ | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | |
|---------------|--|--|--------------------------------------|-------------|------|
| Accounting | 2024/2 | | | | |
| Period | | | | | |
| B Owner | 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 busine of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts of the covered of the covere | ess of the cable system or on the last day of the counting period. | em. he accounting period should s | ubmit | 3302 |
| | | | | 063302202 | |
| | | | | 063302 2024 | 4/2 |
| | 9000 Junction Dr | | | | |
| | Annapolis Junction, MD USA 20701 | | | | |
| | , , | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to idnames already appear in space B. In line 2, give the mailing address of | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Albany, NY) VHO 15b | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | |
| | 1161 Washington Ave (Number, street, rural route, apartment, or suite number | | | | |
| | Albany, NY 12205 (City, town, state, zip code) | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify o | only the frst commu | nity served below and relisi | on page 1b | |
| Area | with all communities. | , | , | 1 3 | |
| Served | CITY OR TOWN | STATE | | | |
| First | BETHLEHEM (TOWN) | NY | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | annel line-ups in Sp | pace G. | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | |
| Sample | Alda | MD | A | 1 | |
| | Alliance | MD | В | 2 | |
| | Gering | MD | В | 3 | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright 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.

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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 frst 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 volvesignated 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 |
|--|-------|
| BETHLEHEM (TOWN) | NY |
| COLONIE (TOWN) COLONIE (VILLAGE) | NY |
| COLONIE (VILLAGE) | NY |
| GUILDERLAND (TOWN) | NY |
| GUILDERLAND (TOWN) SCHENECTADY (CITY) SCOTIA (VILLAGE) | NY |
| SCOTIA (VILLAGE) | NY |
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| ommunity unit" as within unincorpo ou list will serve as future filings. reported in parent or all), then either rou report any sta | D Area Served | |
|---|---------------------|---|
| e each community designated by a | | |
| CH LINE UP | SUB GRP# | |
| A A A A | 1 1 1 1 | First Community |
| A | 1 | See instructions for additional information on alphabetization. |
| | | Add rows as necessary. |
| | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063302 Verizon New York Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary 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 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 49.24 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 207 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel Pav cable 15.00 See Tab Attachment B • Pay cable—add'l channel Commercial · Fire protection Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 99.00 Burglar protection 60.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect Converter Disconnect 60.00

 Outlet relocation · Move to new address

| Category of Service | Residential Rate | Commercial Rate |
|---|----------------------|--------------------|
| Block 1 | 15.00 | 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 |

| LEGAL NAME OF OWN | | | | | 0\/07514.15." | |
|--|---|--|--|--|---|---|
| MARITAN MALL VA | | STEM: | | | SYSTEM ID# | Namo |
| Verizon New Yo | ork Inc. | | | | 063302 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas | system during to lons in effect of 6.61(e)(2) and (sis, as explaine | he accounting n June 24, 19 (4), or 76.63 (ed in the next | g period, excep 981, permitting to referring to 76.6 paragraph. | t (1) stations carri he carriage of cer 61(e)(2) and (4))]; | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a | Primary Transmitters: Television |
| basis under specifc FC | | | | JaJa 2, ,Ja. Ja | izio e, ete en a cazettato program | TCICVISION |
| station was carried • List the station here, | only on a subs and also in spa | titute basis. ace I, if the st | ation was carrie | ed both on a subst | nent and Program Log)—if the itute basis and also on some other of the general instructions located | |
| each multicast stream | n station's call : associated wit | h a station ac | cording to its ov | ver-the-air designa | s such as HBO, ESPN, etc. Identify ation. For example, report multi- | |
| WETA-simulcast). | | | • | ` | ch stream separately; for example | |
| its community of licens on which your cable sy | se. For example estem carried t | e, WRC is Ch he station. | annel 4 in Wasl | hington, D.C. This | may be different from the channel | |
| educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi | entering the lecast), "E" (for nese terms, see tition is outside ce area, see page 1.5. | etter "N" (for roncommercial page (v) of the the local servage (v) of the | network), "N-M" al educational), de general instru rice area, (i.e. "d general instruc | (for network multion "E-M" (for nonculations located in distant"), enter "Yetions located in the | es". If not, enter "No". For an ex- e paper SA3 form. | |
| cable system carried the carried the distant state. For the retransmiss | ne distant station ion on a part-ti ion of a distant | on during the me basis bec t multicast str | accounting peri ause of lack of a eam that is not | iod. Indicate by er activated channel subject to a royalt | stating the basis on which your ntering "LAC" if your cable system capacity. by payment because it is the subject stem or an association representing | |
| tion "E" (exempt). For sexplanation of these th | simulcasts, als | o enter "E". If | you carried the | channel on any o | ary transmitter, enter the designa- other basis, enter "O." For a further | |
| FCC. For Mexican or 0 | Canadian statio | ch station. Fo ons, if any, giv | r U.S. stations, re the name of t | list the community with | ed in the paper SA3 form. | |
| | Canadian statio | ch station. Fo ons, if any, giv nnel line-ups, | r U.S. stations, re the name of t | list the community the community wit space G for each | ed in the paper SA3 form. | |
| FCC. For Mexican or 0 | Canadian statio | ch station. Fo ons, if any, giv nnel line-ups, | r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) | list the community the community wit space G for each | ed in the paper SA3 form. | |
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| FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WNYA WRGB WXXA WTEN WMHT WMHT PBS Kids WNYT WCWN | 2. B'CAST CHANNEL NUMBER 51 6 23 10 17 17 13 | ch station. Foons, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N E E-M N | r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No | list the community the community with space G for each A 5. BASIS OF CARRIAGE | ed in the paper SA3 form. It to which the station is licensed by the had which the station is identifed. It channel line-up. 6. LOCATION OF STATION Pittsfield Schenectady Albany Schenectady Schenectady Albany Schenectady Albany Schenectady Schenectady Schenectady Schenectady Schenectady Schenectady Schenectady | additional information |
| FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WNYA WRGB WXXA WTEN WMHT WMHT PBS Kids WNYT WCWN WYPX | 2. B'CAST CHANNEL NUMBER 51 6 23 10 17 17 13 45 55 | ch station. Foons, if any, given nel line-ups, CHANN 3. TYPE OF STATION I N E E-M N I | r U.S. stations, re the name of t use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No | list the community the community with space G for each A 5. BASIS OF CARRIAGE | ed in the paper SA3 form. It to which the station is licensed by the hand which the station is identifed. It channel line-up. 6. LOCATION OF STATION Pittsfield Schenectady Albany Schenectady Schenectady Schenectady Albany Schenectady Amsterdam | additional information |
| FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WNYA WRGB WXXA WTEN WMHT WMHT PBS Kids WNYT WCWN WYPX WNYA-simulcast | 2. B'CAST CHANNEL NUMBER 51 6 23 10 17 17 13 45 55 | ch station. Foons, if any, given line-ups, CHANN 3. TYPE OF STATION I N E E-M N I I I I | V.S. stations, we the name of the use a separate of the separa | list the community the community with space G for each A 5. BASIS OF CARRIAGE | ed in the paper SA3 form. It to which the station is licensed by the habit which the station is identifed. It channel line-up. 6. LOCATION OF STATION Pittsfield Schenectady Albany Schenectady Schenectady Albany Schenectady Amsterdam Pittsfield | additional information |
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| Verizon New Yo | ork Inc. | | | | 063302 | |
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063302 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: | | | | S | YSTEM ID# | Nama |
|---|--|---|--|---|---|--|------------------|--------------------------|
| Verizon New York Inc. | | | | | | | 063302 | Name |
| SUBSTITUTE CARRIAGE | : SPECIA | L STATEMEN | T AND PROGRAM LOG | i | | | | |
| In General: In space I, identif substitute basis during the ac explanation of the programmi | counting per | iod, under spec | ific present and former FCC | rules, regulat | tions, or au | uthorizations. Fo | or a further | Substitute |
| 1. SPECIAL STATEMENT | | | | 9 | | | | Carriage: |
| During the accounting period | | able system car | ry, on a substitute basis, an | y nonnetwork | television | program | | Special Statement and |
| broadcast by a distant stat | | | | _ | | | XNo | Program Log |
| Note: If your answer is "No", log in block 2. | eave the res | it of this page bl | ank. If your answer is "Yes, | " you must co | mplete the | program | | |
| period, was broadcast by a di under certain FCC rules, regu SA3 form for futher informatio titles, for example, "I Love Luc Column 2: If the program of Column 3: Give the call sig Column 4: Give the broadd the case of Mexican or Canac 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." Column 7: Enter the letter to delete under FCC rules and gram was substituted for prog | every nonnerstant station ulations, or an on. Do not us or "NBA I was broadca on of the station's dian stations, and day when the suxample: a preserved. | etwork television and that your cuthorizations. So se general catego Basketball: 76e ast live, enter "Yetion broadcasting location (the content your system abstitute program carried be sed program was in effect during | n program (substitute progra able system substituted for ee page (vi) of the general i gories like "movies", or "basers vs. Bulls." es." Otherwise enter "No." g the substitute program. community to which the static munity with which the static carried the substitute program m was carried by your cable by a system from 6:01:15 p.m is substituted for programming the accounting period; enter | the programment the programment to the programment | ing of anotocated in the specific probability by the FCC). erals, with the times a p.m. should system was if the liste | ther station e paper ogram C or, in the month accurately d be required ed pro | | |
| effect on October 19, 1976. | | | | II | | | 1 | |
| S | UBSTITUT | E PROGRAM | | | EN SUBS' RIAGE OC | CURRED | 7. REASON FOR | |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. FROM | . TIMES — TO | DELETION | |
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ACCOUNTING PERIOD: 2024/2 FORM SA3E. PAGE 6.

| | - | | | | | | | | | |
|--|---|--|--|---|---|---|---|--|----------|-------------------|
| Name | Verizon New | OWNER OF CABLE / York Inc. | SYSTEM: | | | | | | SYS | TEM ID# 063302 |
| J Part-Time Carriage Log | time carriage de hours your syst Column 1 (Column 5 of spa Column 2 (Ecurred during the Give the mont "4/10." • State the start television statio "app." Example | s space ties in value to lack of action carried that call sign): Give that call sign; and call call call call call call call cal | the carriage occurr times of carriage to ay, you may give an | city, you are req more space, ple distant station veach station, list ed. Use numera the nearest qual approximate en | uired ase a whos the d ls, wi ter ha | to complete thing tach additional e basis of carries at the sand hours the the month firm our. In any case hour, followed I | s log giving the I pages. age you identifie when part-time st. Example: for where carriage by the abbreviat | total dates and ad by "LAC" in carriage oc- April 10 give a ran to the end ion | of the | |
| | | | DATES | S AND HOURS | OF P | ART-TIME CAF | RRIAGE | | | |
| | CALL SIGN | WHEN | I CARRIAGE OCCL | | | CALL SIGN | WHEN | N CARRIAGE O | CCURRE | <u>:</u> D |
| | | DATE | FROM | то | | | DATE | FROM | .00.10 | то |
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| LEG | AL NAME OF OWNER OF CABLE SYSTEM: rizon New York Inc. | SYSTEM ID# 063302 | Name |
|--|---|----------------------|--|
| Inst all a (as pag | tructions: The figure you give in this space determines the form you fle and the amount you pay. Er amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transidentified in space E) during the accounting period. For a further explanation of how to compute this ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. | smission service | K Gross Receipts |
| Instruction Confection If you accomplished | YRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the amount of the from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable parts of the Ecompanying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered ock 3 below. | OSE Schedule | L Copyright Royalty Fee |
| If pa 3 be | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on lelow. art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered block 4 below. | | |
| | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are require least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 p 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. | \$ 6,609,219.34 | |
| Block 2 | This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column 4, you m "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? X Yes—Complete the DSE schedule. | nust 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. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | \$ 70,322.09 0.00 | Cable systems submitting additional deposits under Section 111(d)(7) should contact |
| | Line 4. FILING FEE | \$ 725.00 | 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 | 71,047.09 | appropriate form for submitting the additional fees. |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (general instructions located in the paper SA3 form for more information.) | (i) of the | |

ACCOUNTING PERIOD: 2024/2

| Name | LEGAL NAME OF OWNER OF Verizon New York | | SYSTEM ID# 063302 |
|------------------------------|---|---|----------------------|
| M Channels | | ust give (1) the number of channels on which the cable system carried television broadcast stations (2) the cable system's total number of activated channels, during the accounting period. | |
| G.1.41.11.0.0 | | ber of channels on which the cable sion broadcast stations | |
| | | ber of activated channels stem carried television broadcast stations rvices | |
| N Individual to Be Contacted | | CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual this statement of account.) | |
| for Further Information | Name Daniel | J Margolis Telephone (703) 558-9832 | 1 |
| | (Number, str | unction Dr reet, rural route, apartment, or suite number) Olis Junction, MD USA 20701 | |
| | Email | daniel.margolis@verizon.com Fax (optional) | |
| O Certifcation | | is statement of account must be certifed and signed in accordance with Copyright Office regulations.) ereby certify that (Check one, but only one, of the boxes.) | |
| | | corporation or partnership)I am the owner of the cable system as identifed in line 1 of space B; or ther than corporation or partnership)I am the duly authorized agent of the owner of the cable system as identified | |
| | in line 1 of space B a | and that the owner is not a corporation or partnership; or I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system | |
| | I have examined the s | statement of account and hereby declare under penalty of law that all statements of fact contained herein correct to the best of my knowledge, information, and belief, and are made in good faith. 1(1986)] | |
| | | /s/ Paula M. Valdez | |
| | | 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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. | the "F2" |
| | | Typed or printed name: Paula M. Valdez | |
| | | Title: Assistant Secretary, Verizon New York Inc. (Title of official position held in corporation or partnership) | |
| | | Date: February 28, 2025 | |

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 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 Offce's public indexes and is 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# | N |
|--|--------------------------------|
| Verizon New York Inc. 063302 | 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." | P Special Statement Concerning |
| 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 | Gross Receipts Exclusion |
| 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 Mailing Address | |
| INTEREST ASSESSMENTS | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. | |
| Owner | |
| Address | |
| First community served | |
| Accounting period | |
| ID number | |

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 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 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.