

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017 SA3

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

Long Form

STATEMENT OF ACCOUNT
*for Secondary Transmissions by
Cable Systems (Long Form)*

General instructions are at the
end of this form [pages i-viii].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/27/2025	\$
	ALLOCATION NUMBER

Return to:

Library of Congress
Copyright Office

Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see
page ii of the general
instructions

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2024																										
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. 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. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 007875 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CHARTER COMMUNICATIONS ENTERTAINMENT I LLC  00787520242 12405 POWERSCOURT DRIVE ST. LOUIS, MO. 63131-3674 *00787520242* 007875 2024/2																										
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. <table><tr><td>1</td><td colspan="2">IDENTIFICATION OF CABLE SYSTEM: CHARTER COMMUNICATIONS</td></tr><tr><td>2</td><td colspan="2">MAILING ADDRESS OF CABLE SYSTEM: 11 COMMERCE ROAD (Number, street, rural route, apartment, or suite number) NEWTOWN, CT 06470-1655 (City, town, state, zip code)</td></tr></table>			1	IDENTIFICATION OF CABLE SYSTEM: CHARTER COMMUNICATIONS		2	MAILING ADDRESS OF CABLE SYSTEM: 11 COMMERCE ROAD (Number, street, rural route, apartment, or suite number) NEWTOWN, CT 06470-1655 (City, town, state, zip code)																			
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D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td colspan="3">STATE</td></tr><tr><td>New Milford (Litchfield Co)</td><td colspan="3">CT</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>			CITY OR TOWN	STATE			New Milford (Litchfield Co)	CT			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CHARTER COMMUNICATIONS ENTERTAINMENT I LLC				SYSTEM ID# 007875	
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.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	32,285	9.99-36.00			
	Motel, hotel					
	Commercial	841	9.99-45.00			
	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			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	5.99-15.00 5.99-15.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$ 49.99	Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$ 49.99		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: CHARTER COMMUNICATIONS ENTERTAINMENT I LLC	SYSTEM ID# 007875	Name		
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 specifc 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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions. Column 6: 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. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.			G Primary Transmitters: Television		
CHANNEL LINE-UP A					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCBS	2	N	No		NEW YORK, NY
WCCT	20	I	No		WATERBURY, CT
WCCT-THIS TV	20.2	I-M	No		WATERBURY, CT
WCTX	59	I	No		NEW HAVEN, CT
WCTX-Grit TV	59.2	I-M	No		NEW HAVEN, CT
WEDH	24	E	No		HARTFORD, CT
WEDH-CPTV4U PBS Encor	24.2	E-M	No		HARTFORD, CT
WEDH-CPTV Sports	24.3	E-M	No		HARTFORD, CT
WFSB	3	N	No		HARTFORD, CT
WFSB-Eye Witness News	3.2	I-M	No		HARTFORD, CT
WFSB-Laff	3.3	I-M	No		HARTFORD, CT
WFSB-4	3.4	I-M	No		HARTFORD, CT
WHPX	26	I	No		NEW LONDON, CT
WNBC	4	N	No		NEW YORK, NY
WNET	13	E	Yes	O	NEW YORK, NY
WNYW	5	I	No		NEW YORK, NY
WRDM-CD2	19.2	I-M	No		HARTFORD, CT
WTIC	61	I	No		HARTFORD, CT

It is strongly recommended that operators list call signs in alphabetical order.

LEGAL NAME OF OWNER OF CABLE SYSTEM: CHARTER COMMUNICATIONS ENTERTAINMENT I LLC					SYSTEM ID# 007875	Name
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CHANNEL LINE-UP A Continued						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WTIC-ANTENNA TV	61.2	I-M	No		HARTFORD, CT	
WTIC-5	61.5	I-M	No		HARTFORD, CT	
WTNH	8	N	No		NEW HAVEN, CT	
WTNH-News	8.2	I-M	No		NEW HAVEN, CT	
WVIT	30	N	No		NEW BRITIAN, CT	
WVIT-WEATHER	30.2	I-M	No		NEW BRITIAN, CT	
WVIT 3	30.3	I-M	No		NEW BRITIAN, CT	
WVIT-WRDM	30.4	I-M	No		NEW BRITIAN, CT	

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general instructions for more information.)

