

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            |
| 8/27/2025                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook  
by email to:

[coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)

For additional information,  
contact the U.S. Copyright  
Office Licensing Division at:  
Tel: (202) 707-8150

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| A                                                         | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |
|                                                           | <div>2025/1</div> <div>Period 1 = January 1 - June 30      Period 2 = July 1 - December 31</div> <div></div> <div>Barcode Data Filing Period (optional - see instructions)</div>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |
| Accounting<br>Period                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| B                                                         | Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |
|                                                           | <p><b>Instructions:</b><br/>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p> |                                                                                                                           |
|                                                           | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
|                                                           | 10029                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |
|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                                                                       |
|                                                           | CableSouth Media III, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |
|                                                           | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |
|                                                           | MAILING ADDRESS OF OWNER OF CABLE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                           |
| 1615 Poydras St. Suite 650                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| (Number, street, rural route, apartment, or suite number) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| New Orleans, LA 70112                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| (City, town, state, zip)                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |
| 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.                                                                                                                                                                                                                                                                                                             |                                                                                                                           |
|                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IDENTIFICATION OF CABLE SYSTEM:<br>Swyft Connect                                                                          |
| 2                                                         | MAILING ADDRESS OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           |
|                                                           | (Number, street, rural route, apartment, or suite number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |
|                                                           | (City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office'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.



|                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                                       |                     |                      |      |
|-------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------|------|
| Accounting Period: 2025/1                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                                       |                     | FORM SA1-2E. PAGE 2. |      |
| Name                                                                          |  | LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                                                                                                       |                     | SYSTEM ID#           |      |
|                                                                               |  | CableSouth Media III, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                                                                       |                     | 10029                |      |
| <div>E</div> <div>Secondary Transmission Service: Subscribers and Rates</div> |  | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> 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).<br><b>Number of Subscribers:</b> 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).<br><b>Rate:</b> 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.<br><b>Block 1:</b> 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. <b>Note:</b> 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)."<br><b>Block 2:</b> 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 |
|                                                                               |  | <b>Residential:</b> <ul style="list-style-type: none"><li>• Service to first set</li><li>• Service to additional set(s)</li><li>• FM radio (if separate rate)</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                  | 32.85                                                                                                                                                                                                                                 |                     |                      |      |
|                                                                               |  | <b>Motel, hotel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                                                                                                       |                     |                      |      |
|                                                                               |  | <b>Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                                                                                                       |                     |                      |      |
|                                                                               |  | <b>Converter</b> <ul style="list-style-type: none"><li>• Residential</li><li>• Non-residential</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                                                                                                                                       |                     |                      |      |
| <div>F</div> <div>Services Other Than Secondary Transmissions: Rates</div>    |  | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><b>Block 2:</b> 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 |
|                                                                               |  | <b>Continuing Services:</b> <ul style="list-style-type: none"><li>• Pay cable</li><li>• Pay cable—add'l channel</li><li>• Fire protection</li><li>• Burglar protection</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | <b>Installation: Non-residential</b> <ul style="list-style-type: none"><li>• Motel, hotel</li><li>• Commercial</li><li>• Pay cable</li><li>• Pay cable-add'l channel</li><li>• Fire protection</li><li>• Burglar protection</li></ul> |                     |                      |      |
|                                                                               |  | <b>Installation: Residential</b> <ul style="list-style-type: none"><li>• First set</li><li>• Additional set(s)</li><li>• FM radio (if separate rate)</li><li>• Converter</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 150.00             | <b>Other services:</b> <ul style="list-style-type: none"><li>• Reconnect</li><li>• Disconnect</li><li>• Outlet relocation</li><li>• Move to new address</li></ul>                                                                     | 150.00              |                      |      |
|                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5.00               |                                                                                                                                                                                                                                       | 150.00              |                      |      |
|                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                                                                                                                                                       |                     |                      |      |

| Name                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CableSouth Media III, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                    | SYSTEM ID#<br><b>10029</b> |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|----------------------------|
| <div><div>G</div><div>Primary Transmitters: Television</div></div> <div>Add Rows as Necessary</div> | PRIMARY TRANSMITTERS: TELEVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                            |
|                                                                                                     | <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• Do <i>not</i> 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 <i>only</i> on a substitute basis.</li><li>• 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.</li></ul> <p><b>Column 1:</b> List each station’s call sign. <i>Do not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> |                          |                    |                            |
|                                                                                                     | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. B’CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION     |
|                                                                                                     | KETS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                        | E                  | Little Rock, AR            |
|                                                                                                     | KKYK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                        | I                  | Little Rock, AR            |
|                                                                                                     | KARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                        | N                  | Little Rock, AR            |
|                                                                                                     | KASN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6                        | N                  | Little Rock, AR            |
|                                                                                                     | KATV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7                        | N                  | Little Rock, AR            |
|                                                                                                     | KLRT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8                        | N                  | Little Rock, AR            |
|                                                                                                     | KARZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9                        | I                  | Little Rock, AR            |
|                                                                                                     | KTVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10                       | N                  | El Dorado, AR              |
|                                                                                                     | KTHV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11                       | N                  | Little Rock, AR            |
|                                                                                                     | KTVN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12                       | I                  | Little Rock, AR            |
|                                                                                                     | KKYK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13                       | I                  | Little Rock, AR            |
|                                                                                                     | WGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 19                       | I                  | Chicago, IL                |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
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|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |





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| Accounting Period: 2025/1                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FORM SA1-2E. PAGE 6. |                            |
| Name                                                                                                                                                                                                                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CableSouth Media III, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | SYSTEM ID#<br><b>10029</b> |
| <b>K</b><br>Gross Receipts                                                                                                                                                                                                                | <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.<br>Gross receipts from subscribers for secondary transmission service(s)<br>during the accounting period. .... <b>\$ 1,479.80</b><br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. |                      |                            |
|                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| <b>L</b><br>Copyright<br>Royalty Fee                                                                                                                                                                                                      | <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> To compute the royalty fee you owe:<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                            |
|                                                                                                                                                                                                                                           | Line 1. Royalty fee for accounting period ..... <b>\$ 52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
|                                                                                                                                                                                                                                           | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 ..... <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                            |
|                                                                                                                                                                                                                                           | Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 ..... <b>\$ 52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                            |
|                                                                                                                                                                                                                                           | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                            |
|                                                                                                                                                                                                                                           | 1. Base amount under statutory formula ..... <b>\$ 263,800.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                            |
|                                                                                                                                                                                                                                           | 2. Enter amount of gross receipts from space K ..... _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                            |
|                                                                                                                                                                                                                                           | 3. Subtract line 2 from line 1 ..... _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                            |
| 4. Enter the amount of gross receipts from space K ..... _____                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 5. Enter the amount from line 3 ..... _____                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 6. Subtract line 5 from line 4 ..... _____                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 7. Multiply line 6 by .005 (enter figure here) ..... _____                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 8. Interest charge. Enter the amount from line 4, space Q, page 8 ..... <b>0.00</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 ..... _____                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 1. Enter the amount of gross receipts from space K ..... _____                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 2. Base amount under statutory formula ..... <b>\$ 263,800.00</b>                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 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) ..... <b>\$ 1,319.00</b>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 ..... <b>0.00</b>                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 ..... _____                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| FILING FEE AND TOTAL REMITTANCE DUE                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |
| Filing Fee and<br>Total Remittance<br>Due                                                                                                                                                                                                 | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) ..... <b>\$ 52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                            |
|                                                                                                                                                                                                                                           | 2. Filing Fee (See the instructions for more information on filing fee calculations) ..... <b>\$ 15.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                            |
|                                                                                                                                                                                                                                           | 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 ..... <b>\$ 67.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                            |
|                                                                                                                                                                                                                                           | EFT Trace # or TRANSACTION ID # <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                            |
| <b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                            |

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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CableSouth Media III, LLC</b> | SYSTEM ID#<br><b>10029</b> |
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| M<br><br>Channels | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <div>12</div><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <div>132</div> |  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

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| N<br><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)<br><br>Name <div>Richard Gray</div> Telephone <div>504-296-7424</div><br><br>Address <div>3838 N. Causeway Blvd., Suite 2900</div> <div>(Number, street, rural route, apartment, or suite number)</div> <div>Metairie, LA 70002</div> <div>(City, town, state, zip)</div><br><br>Email <div>regulatory@swyftconnect.com</div> Fax (optional) <div></div> |  |
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| O<br><br>Certification | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><div><input type="checkbox"/></div> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or<br><br><div><input type="checkbox"/></div> <b>(Agent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><div><input checked="" type="checkbox"/></div> <b>(Officer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br><div> <div>X /s/ Richard Gray</div></div><br><div>Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</div><br><div>Typed or printed name: <div>Richard Gray</div></div><br><div>Title: <div>Chief Financial Officer</div><div>(Title of official position held in corporation or partnership)</div></div><br><div>Date: <div>8/27/25</div></div> |  |
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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 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  
**CableSouth Media III, LLC**

SYSTEM ID#  
**10029**

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| <div><b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br/>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br/>“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.”<br/><br/>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.<br/><br/>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?<br/><br/><input checked="" type="checkbox"/> NO<br/><br/><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. . . . . \$</div> | <div><b>P</b><br/><br/>Special Statement<br/>Concerning Gross<br/>Receipts Exclusion</div> |
| <div><div><div>Name</div><div>Mailing Address</div></div><div></div></div> <div><div>Name</div><div>Mailing Address</div></div> <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |

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| <div><b>INTEREST ASSESSMENT</b><br/>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.<br/><br/>Line 1 Enter the amount of late payment or underpayment . . . . .<br/><div>x</div><br/>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . .<br/><div>x</div> days<br/>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . .<br/><div>x 0.00274</div><br/>Line 4 Multiply line 3 by 0.00274** and enter here<br/>in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . \$<br/><div>(interest charge)</div><br/><div>* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@copyright.gov">licensing@copyright.gov</a>.<br/><br/>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.<br/><br/>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.<br/><br/><div><div>Owner</div><div>Address</div><div>ID number</div><div>First community served</div><div>Accounting period</div></div></div></div> | <div><b>Q</b><br/><br/>Interest Assessment</div> |
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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 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.