

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2). If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA3E  
Long Form

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

General instructions are located in  
the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 8/26/2026                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

Return completed workbook by  
email to

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

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Licensing Section

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|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------|--|--------------|-------|----------------------|-----------|-----------------------|-------|------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>A</b><br>Accounting<br>Period                                       | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT:</b><br><br><b>2026-1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>B</b><br>Owner                                                      | <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.<br>List any other name or names under which the owner conducts the business of the cable system.<br><i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i><br><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 Section. <b>027273</b><br><br><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><br><b>COMCAST OF THE SOUTH</b><br><b>COMCAST OF PADUCAH, INC</b><br><br><br><br><b>ONE COMCAST CENTER</b><br><b>PHILADELPHIA, PA 19103</b><br><br><br><br><b>02727320261</b><br><br><b>027273 2026-1</b> |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>C</b><br>System                                                     | <b>INSTRUCTIONS:</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                        | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br>(Number, street, rural route, apartment, or suite number)<br>(City, town, state, zip code) |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>D</b><br>Area<br>Served<br><br>First<br>Community<br><br><br>Sample | <b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.<br><table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td><b>Elizabethtown</b></td><td><b>KY</b></td></tr></table><br>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.<br><table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |          |  | CITY OR TOWN | STATE | <b>Elizabethtown</b> | <b>KY</b> | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY OR TOWN                                                           | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Elizabethtown</b>                                                   | <b>KY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY OR TOWN (SAMPLE)                                                  | STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CH LINE UP                                                                                                                            | SUB GRP# |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |          |  |              |       |                      |           |                       |       |            |          |  |  |  |  |  |  |  |  |  |  |  |  |

**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.

U.S. Copyright Office

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#  
027273

Name

COMCAST OF THE SOUTH

## PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**Primary  
Transmitters:  
Television

## CHANNEL LINE-UP AA

| 1. CALL SIGN | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
|--------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| WAVE-DT      | 47               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT2     | 47               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT3     | 47               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT-HD   | 47               | N-M                | No                         |                                      | LOUISVILLE, KY         |
| WBKI-DT      | 16               | I                  | No                         |                                      | SALEM, IN              |
| WBKI-DT3     | 16               | I-M                | No                         |                                      | SALEM, IN              |
| WBKI-DT-HD   | 16               | I-M                | No                         |                                      | SALEM, IN              |
| WBKO-DT      | 13               | N                  | No                         |                                      | BOWLING GREEN, KY      |
| WBNA-DT      | 8                | I                  | No                         |                                      | LOUISVILLE, KY         |
| WBNA-DT-HD   | 8                | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT      | 49               | I                  | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT2     | 49               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT-HD   | 49               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT      | 11               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT2     | 11               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT3     | 11               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT-HD   | 11               | N-M                | No                         |                                      | LOUISVILLE, KY         |
| WKMJ-DT      | 38               | E                  | Yes                        | O                                    | LOUISVILLE, KY         |
| WKZT-DT      | 43               | E                  | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT2     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT3     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT4     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT-HD   | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WLKY-DT      | 26               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT2     | 26               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT3     | 26               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT-HD   | 26               | N-M                | No                         |                                      | LOUISVILLE, KY         |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |

FORM SA3E, PAGE 4.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SYSTEM ID#</b><br><b>027273</b> | <b>Name</b>        |                            |                                      |                        |
| <b>PRIMARY TRANSMITTERS: TELEVISION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                    |                            |                                      |                        |
| <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, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</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 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</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 located in the paper SA3 form.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).</p> <p><b>Column 2:</b> Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.</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 (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 4:</b> If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.</p> <p><b>Column 6:</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> <p><b>Note:</b> If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.</p> |                                    |                    | <b>G</b>                   |                                      |                        |
| <b>CHANNEL LINE-UP AB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                    |                            |                                      |                        |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2. B'CAST NUMBER                   | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
| KBSI-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22                                 | I                  | No                         |                                      | CAPE GIRARDEAU, MO     |
| KBSI-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 22                                 | I-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| KBSI-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22                                 | I-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| KFVS-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12                                 | N                  | No                         |                                      | CAPE GIRARDEAU, MO     |
| KFVS-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12                                 | N-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| KFVS-DT2HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12                                 | I-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| KFVS-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                                 | I-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| KFVS-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12                                 | I-M                | No                         |                                      | CAPE GIRARDEAU, MO     |
| WDKA-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 49                                 | I                  | No                         |                                      | PADUCAH, KY            |
| WDKA-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 49                                 | I-M                | No                         |                                      | PADUCAH, KY            |
| WDKA-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 49                                 | I-M                | No                         |                                      | PADUCAH, KY            |
| WKMU-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 36                                 | E                  | No                         |                                      | MURRAY, KY             |
| WKMU-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36                                 | E-M                | No                         |                                      | MURRAY, KY             |
| WKMU-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36                                 | E-M                | No                         |                                      | MURRAY, KY             |
| WKMU-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 36                                 | E-M                | No                         |                                      | MURRAY, KY             |
| WKMU-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 36                                 | E-M                | No                         |                                      | MURRAY, KY             |
| WPSD-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 32                                 | N                  | No                         |                                      | PADUCAH, KY            |
| WPSD-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 32                                 | I-M                | No                         |                                      | PADUCAH, KY            |
| WPSD-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 32                                 | I-M                | No                         |                                      | PADUCAH, KY            |
| WPSD-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 32                                 | N-M                | No                         |                                      | PADUCAH, KY            |
| WSIL-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 34                                 | N                  | No                         |                                      | HARRISBURG, IL         |
| WSIL-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 34                                 | N-M                | No                         |                                      | HARRISBURG, IL         |
| WSIL-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 34                                 | I-M                | No                         |                                      | HARRISBURG, IL         |
| WSIL-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 34                                 | I-M                | No                         |                                      | HARRISBURG, IL         |
| WSIU-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8                                  | E                  | Yes                        | O                                    | CARBONDALE, IL         |
| WTCT-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17                                 | I                  | No                         |                                      | MARION, IL             |
| WTCT-DT-HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17                                 | I-M                | No                         |                                      | MARION, IL             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                    |                            |                                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                    |                            |                                      |                        |

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

COMCAST OF THE SOUTH

027273

## PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

**Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

**G**
**Primary  
Transmitters:  
Television**

## CHANNEL LINE-UP AC

| 1. CALL SIGN | 2. B'CAST NUMBER | 3. TYPE OF STATION | 4. DISTANT?<br>(YES OR NO) | 5. BASIS OF<br>CARRIAGE (if distant) | 6. LOCATION OF STATION |
|--------------|------------------|--------------------|----------------------------|--------------------------------------|------------------------|
| WAVE-DT      | 47               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT2     | 47               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT3     | 47               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WAVE-DT-HD   | 47               | N-M                | No                         |                                      | LOUISVILLE, KY         |
| WBKI-DT      | 16               | I                  | No                         |                                      | SALEM, IN              |
| WBKI-DT3     | 16               | I-M                | No                         |                                      | SALEM, IN              |
| WBKI-DT-HD   | 16               | I-M                | No                         |                                      | SALEM, IN              |
| WBKO-DT      | 13               | N                  | Yes                        | O                                    | BOWLING GREEN, KY      |
| WBNA-DT      | 8                | I                  | No                         |                                      | LOUISVILLE, KY         |
| WBNA-DT-HD   | 8                | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT      | 49               | I                  | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT2     | 49               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WDRB-DT-HD   | 49               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT      | 11               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT2     | 11               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT3     | 11               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WHAS-DT-HD   | 11               | N-M                | No                         |                                      | LOUISVILLE, KY         |
| WKMJ-DT      | 38               | E                  | Yes                        | O                                    | LOUISVILLE, KY         |
| WKZT-DT      | 43               | E                  | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT2     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT3     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT4     | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WKZT-DT-HD   | 43               | E-M                | No                         |                                      | ELIZABETHTOWN, KY      |
| WLKY-DT      | 26               | N                  | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT2     | 26               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT3     | 26               | I-M                | No                         |                                      | LOUISVILLE, KY         |
| WLKY-DT-HD   | 26               | N-M                | No                         |                                      | LOUISVILLE, KY         |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |
|              |                  |                    |                            |                                      |                        |

[illegible]

Form SA3E Long Form (Rev. 05-17)

[illegible]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SYSTEM ID#<br><b>027273</b> | Name                                                                                                                                                                   |
| <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.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | <b>K</b><br>Gross Receipts                                                                                                                                             |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. <div style="float: right; border: 1px solid black; padding: 5px; text-align: right;"> <b>\$ 5,618,924.28</b><br/> <small>(Amount of gross receipts)</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                                        |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> Use the blocks in this space L to determine the royalty fee you owe:<br>• Complete block 1, showing your minimum fee.<br>• Complete block 2, showing whether your system carried any distant television stations.<br>• If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>• If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.<br>▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.<br>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | <b>L</b><br>Copyright Royalty Fee                                                                                                                                      |
| Block 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.<br>Line 1. Enter the amount of gross receipts from space K. <span style="float: right;"><b>\$ 5,618,924.28</b></span><br>Line 2. Multiply the amount in line 1 by 0.01064.<br>Enter the result here.<br>This is your minimum fee. <span style="float: right; border: 1px solid black; padding: 5px; text-align: right;"><b>\$ 59,785.35</b></span>                                                                                                                                                                                                                                                                                               |                             |                                                                                                                                                                        |
| Block 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block.<br>• Did your cable system carry any distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                                                                                                        |
| Block 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 7, section 3 or 4, or part 8, block A of the DSE schedule. If none, enter zero. <span style="float: right;"><b>\$ 9,322.85</b></span><br>Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. <span style="float: right;"><b>2,286.47</b></span><br>Line 3. Add lines 1 and 2 and enter here. <span style="float: right; border: 1px solid black; padding: 5px; text-align: right;"><b>\$ 11,609.32</b></span>                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                        |
| Block 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. <span style="float: right;"><b>\$ 59,785.35</b></span><br>Line 2. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet) . . . . . <span style="float: right; background-color: yellow;"><b>0.00</b></span><br>Line 3. <b>FILING FEE.</b> . . . . . <span style="float: right;"><b>\$ 725.00</b></span><br><br><b>TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.</b><br>Add Lines 1, 2 and 3 of block 4 and enter total here . . . . . <span style="float: right; border: 1px solid black; padding: 5px; text-align: right;"><b>\$ 60,510.35</b></span><br><br><b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; padding: 5px; display: inline-block;">2852K8BH</span> |                             |                                                                                                                                                                        |
| <a href="#">Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees. |

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                   |                                 |                             |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|
| <b>Name</b>                                                        | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                               |                                 | SYSTEM ID#<br><b>027273</b> |
| <b>M</b><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.                                                                                                  |                                 |                             |
|                                                                    | 1. Enter the total number of channels on which the cable system carried television broadcast stations .....                                                                                                                                                                                                                                                       | 54                              |                             |
|                                                                    | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services .....                                                                                                                                                                                                                   | 864                             |                             |
| <b>N</b><br><br>Individual to Be Contacted for Further Information | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)                                                                                                                                                                                                                      |                                 |                             |
|                                                                    | Name <b>JULIE LAINE, COMCAST CABLE COMMUNICATIONS, LLC</b>                                                                                                                                                                                                                                                                                                        | Telephone <b>(215) 286-2334</b> |                             |
|                                                                    | Address <b>One Comcast Center</b><br><small>(Number, street, rural route, apartment, or suite number)</small>                                                                                                                                                                                                                                                     |                                 |                             |
|                                                                    | <b>PHILADELPHIA, PA 19103</b><br><small>(City, town, state, zip)</small>                                                                                                                                                                                                                                                                                          |                                 |                             |
|                                                                    | Email <b>Licensing_Office_Inquiries@Comcast.com</b>                                                                                                                                                                                                                                                                                                               | Fax (optional)                  |                             |
| <b>O</b><br><br>Certification                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations.)                                                                                                                                                                                                                                    |                                 |                             |
|                                                                    | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)                                                                                                                                                                                                                                                                        |                                 |                             |
|                                                                    | <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or                                                                                                                                                                                                                  |                                 |                             |
|                                                                    | <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or                                                                                                                     |                                 |                             |
|                                                                    | <input checked="" type="checkbox"/> (Officer or partner) 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.                                                                                                                                                     |                                 |                             |
|                                                                    | • 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)]                                                                              |                                 |                             |
|                                                                    | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 5px;">X</div> <div style="flex-grow: 1;">/s/ Joseph Lance</div> </div> </div>                                                                                                |                                 |                             |
|                                                                    | Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings. |                                 |                             |
|                                                                    | Typed or printed name: <b>Joseph Lance</b>                                                                                                                                                                                                                                                                                                                        |                                 |                             |
|                                                                    | Title: <b>Vice President - Regulatory Accounting</b><br><small>(Title of official position held in corporation or partnership)</small>                                                                                                                                                                                                                            |                                 |                             |
|                                                                    | Date: <b>8/14/2026</b>                                                                                                                                                                                                                                                                                                                                            |                                 |                             |

**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:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | SYSTEM ID#<br><b>027273</b> |  | Name                                                                         |  |                                            |  |
| <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 in the paper SA3 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. . . . . \$                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                             |  | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |  |                                            |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Name                        |  |                                                                              |  |                                            |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Mailing Address             |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |  |                                                                              |  |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |  |                                                                              |  |                                            |  |
| <b>INTEREST ASSESSMENTS</b><br><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 in the paper SA3 form.<br><br>Line 1 Enter the amount of late payment or underpayment . . . . .<br><br>x<br><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here . . . . . -<br><br>x days<br><br>Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -<br><br>x 0.00274<br><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) . . . . . \$ -<br><br>(interest charge)<br><br>* 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, accounting period, and ID number as given in the original filing.<br><br>Owner<br>Address<br><br>First community served<br>Accounting period<br>ID number |  |                             |  |                                                                              |  | <b>Q</b><br><br><b>Interest Assessment</b> |  |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

| Name                                                                                                                                                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SYSTEM ID#<br><b>027273</b>          |                                   |                            |               |                       |                           |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|----------------------------|---------------|-----------------------|---------------------------|-------------|
| <b>3</b><br><br>Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity                                             | <b>Instructions: CAPACITY</b><br><b>Column 1:</b> List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3).<br><b>Column 2:</b> For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station.<br><b>Column 3:</b> For each station, give the total number of hours that the station broadcast over the air during the accounting period.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.<br><b>Column 5:</b> For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."<br><b>Column 6:</b> Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form. |                                      |                                   |                            |               |                       |                           |             |
|                                                                                                                                                          | <b>CATEGORY LAC STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |                                   |                            |               |                       |                           |             |
|                                                                                                                                                          | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. NUMBER OF HOURS CARRIED BY SYSTEM | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE VALUE | 6. DSE                |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 | x                          | =             |                       |                           |             |
| <b>SUM OF DSEs OF CATEGORY LAC STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 2 of part 5 of this schedule, .....▶     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |             |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |             |
| <b>4</b><br><br>Computation of DSEs for Substitute-Basis Stations                                                                                        | <b>Instructions:</b><br><b>Column 1:</b> Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:<br>• Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and<br>• Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).<br><b>Column 2:</b> For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.<br><b>Column 3:</b> Enter the number of days in the calendar year: 365, except in a leap year.<br><b>Column 4:</b> Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).                                                                                                                         |                                      |                                   |                            |               |                       |                           |             |
|                                                                                                                                                          | <b>SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      |                                   |                            |               |                       |                           |             |
|                                                                                                                                                          | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. NUMBER OF PROGRAMS                | 3. NUMBER OF DAYS IN YEAR         | 4. DSE                     | 1. CALL SIGN  | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE      |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ÷                                    | =                                 |                            |               | ÷                     | =                         |             |
| <b>SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS:</b><br>Add the DSEs of each station.<br>Enter the sum here and in line 3 of part 5 of this schedule, .....▶ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |             |
| <b>0.00</b>                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   |                            |               |                       |                           |             |
| <b>5</b><br><br>Total Number of DSEs                                                                                                                     | <b>TOTAL NUMBER OF DSEs:</b> Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      |                                   |                            |               |                       |                           |             |
|                                                                                                                                                          | 1. Number of DSEs from part 2 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 0.75          |                       |                           |             |
|                                                                                                                                                          | 2. Number of DSEs from part 3 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 0.00          |                       |                           |             |
|                                                                                                                                                          | 3. Number of DSEs from part 4 ●                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                   | ▶                          | 0.00          |                       |                           |             |
|                                                                                                                                                          | TOTAL NUMBER OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                            |               |                       |                           | <b>0.75</b> |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | SYSTEM ID#<br><b>027273</b> |              | Name                                           |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Instructions:</b> Block A must be completed.<br>In block A:<br>• If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.<br>• If your answer if "No," complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                             |              | <b>6</b><br><br><b>Computation of 3.75 Fee</b> |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>BLOCK A: TELEVISION MARKETS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?<br><input type="checkbox"/> Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.<br><input checked="" type="checkbox"/> No—Complete blocks B and C below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>BLOCK B: CARRIAGE OF PERMITTED DSEs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)<br><br>Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)<br>BASIS OF PERMITTED CARRIAGE<br>A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]<br>B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)<br>C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]<br>D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).<br>E Carried pursuant to individual waiver of FCC rules (76.7)<br>*F A station previously carried on a part-time or substitute basis prior to June 25, 1981<br><br>M Retransmission of a distant multicast stream.<br><br>Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.<br>*(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.) |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th><th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th><th>1. CALL SIGN</th><th>2. PERMITTED BASIS</th><th>3. DSE</th></tr></thead><tbody><tr><td>WKMJ-DT</td><td>C</td><td>0.25</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>WSIU-DT</td><td>C</td><td>0.25</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                             |              |                                                |        | 1. CALL SIGN                                                                                                               | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | WKMJ-DT | C | 0.25 |  |  |  |  |  |  | WSIU-DT | C | 0.25 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. PERMITTED BASIS | 3. DSE                      | 1. CALL SIGN | 2. PERMITTED BASIS                             | 3. DSE | 1. CALL SIGN                                                                                                               | 2. PERMITTED BASIS | 3. DSE |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WKMJ-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C                  | 0.25                        |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WSIU-DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C                  | 0.25                        |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>BLOCK C: COMPUTATION OF 3.75 FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 1: Enter the total number of DSEs from part 5 of this schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 2: Enter the sum of permitted DSEs from block B above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.<br>(If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                             |              |                                                |        | <b>0.00</b>                                                                                                                |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 4: Enter gross receipts from space K (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                             |              |                                                |        | x 0.0375                                                                                                                   |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 5: Multiply line 4 by 0.0375 and enter sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                             |              |                                                |        | x                                                                                                                          |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 6: Enter total number of DSEs from line 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                             |              |                                                |        |                                                                                                                            |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                             |              |                                                |        | <b>0.00</b>                                                                                                                |                    |        |              |                    |        |              |                    |        |         |   |      |  |  |  |  |  |  |         |   |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name                                                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SYSTEM ID#<br><b>027273</b>                                                                                                                                                       |  |
| <div>7</div> <div>Computation of Base Rate Fee</div> | <b>Instructions:</b><br>You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.<br>• In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>• If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank.<br>• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank.<br><b>What is a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. |                                                                                                                                                                                   |  |
|                                                      | <b>BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                   |  |
|                                                      | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?<br><input checked="" type="checkbox"/> Yes—Complete part 8 of this schedule. <input type="checkbox"/> No—Complete the following sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                   |  |
|                                                      | <b>BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                   |  |
|                                                      | Section 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter the amount of gross receipts from space K (page 7). . . . . ▶ \$                                                                                                            |  |
|                                                      | Section 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). . . . . ▶ |  |
| Section 3                                            | <p>If the figure in section 2 is <b>4.000 or less</b>, compute your base rate fee here and leave section 4 blank.<br/>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1). . . . . ▶ \$</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1). . . . . ▶</p> <p>C. Subtract 1.000 from total DSEs<br/>(the figure in section 2) and enter here. . . . . ▶ -</p> <p>D. Multiply line B by line C and enter here. . . . . ▶ \$</p> <p>E. Add lines A and D. This is your base rate fee. Enter here<br/>and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee.</b> . . . . . ▶ <div>\$0.00</div></p>                                                                                                                                                                        |                                                                                                                                                                                   |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: |  | SYSTEM ID#    | Name |
|--------------------------------------|--|---------------|------|
| <b>COMCAST OF THE SOUTH</b>          |  | <b>027273</b> |      |

  

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| Section<br><b>4</b> | <p>If the figure in section 2 is <b>more than 4,000</b>, compute your base rate fee here and leave section 3 blank.</p> <p>A. Enter 0.01064 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ..... ▶ \$ _____</p> <p>D. Enter 0.00330 of gross receipts<br/>(the amount in section 1) ..... ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs<br/>(the figure in section 2) and enter here ..... ▶ _____</p> <p>F. Multiply line D by line E and enter here ..... ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your base rate fee.<br/>Enter here and in block 3, line 1, space L (page 7)</p> <p><b>Base Rate Fee</b> ..... ▶ \$ <span style="border: 1px solid black; padding: 2px 10px;"><b>0.00</b></span></p> | <b>7</b><br><br><b>Computation<br/>of<br/>Base Rate Fee</b> |
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| <p><b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p><b>In General:</b> If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p><b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p><b>Finally:</b> Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p><b>NOTE:</b> If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p><b>How to Identify a Subscriber Group for Partially Distant Stations</b></p> <p><b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p><b>Step 2:</b> For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p><b>Step 3:</b> Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p><b>Computing the base rate fee for each subscriber group:</b> Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> <li>• Identify the communities/areas represented by each subscriber group.</li> <li>• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.</li> <li>• If:             <ol style="list-style-type: none"> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,</li> <li>2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.</li> </ol> </li> <li>• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.</li> <li>• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.</li> <li>• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.</li> </ul> | <b>8</b><br><br><b>Computation<br/>of<br/>Base Rate Fee<br/>for<br/>Partially<br/>Distant<br/>Stations, and<br/>for Partially<br/>Permitted<br/>Stations</b> |
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**Nonpermitted 3.75 Stations**

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| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>COMCAST OF THE SOUTH</b>                                                                                               |     |                        |     |                             |                                   | SYSTEM ID#<br><b>027273</b> |     | Name                                                                                 |  |
| <b>BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP</b>                                                                                           |     |                        |     |                             |                                   |                             |     |                                                                                      |  |
| FIRST SUBSCRIBER GROUP                                                                                                                                            |     |                        |     |                             | SECOND SUBSCRIBER GROUP           |                             |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Subgroup 1</b>                                                                                                                                 |     |                        |     |                             | COMMUNITY/ AREA <b>Subgroup 2</b> |                             |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE | <b>8</b><br>Computation<br>of<br>3.75 Fee<br>for<br>Partially<br>Distant<br>Stations |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                  |                                   | <b>0.00</b>                 |     |                                                                                      |  |
| Gross Receipts First Group                                                                                                                                        |     | \$ <b>2,114,092.62</b> |     | Gross Receipts Second Group |                                   | \$ <b>2,900,639.80</b>      |     |                                                                                      |  |
| Base Rate Fee First Group                                                                                                                                         |     | \$ <b>0.00</b>         |     | Base Rate Fee Second Group  |                                   | \$ <b>0.00</b>              |     |                                                                                      |  |
| THIRD SUBSCRIBER GROUP                                                                                                                                            |     |                        |     |                             | FOURTH SUBSCRIBER GROUP           |                             |     |                                                                                      |  |
| COMMUNITY/ AREA <b>Subgroup 3</b>                                                                                                                                 |     |                        |     |                             | COMMUNITY/ AREA <b>Subgroup 4</b> |                             |     |                                                                                      |  |
| CALL SIGN                                                                                                                                                         | DSE | CALL SIGN              | DSE | CALL SIGN                   | DSE                               | CALL SIGN                   | DSE |                                                                                      |  |
|                                                                                                                                                                   |     |                        |     | <b>WBKO-DT</b>              | <b>0.25</b>                       |                             |     |                                                                                      |  |
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| Total DSEs                                                                                                                                                        |     | <b>0.00</b>            |     | Total DSEs                  |                                   | <b>0.25</b>                 |     |                                                                                      |  |
| Gross Receipts Third Group                                                                                                                                        |     | \$ <b>360,301.56</b>   |     | Gross Receipts Fourth Group |                                   | \$ <b>243,890.30</b>        |     |                                                                                      |  |
| Base Rate Fee Third Group                                                                                                                                         |     | \$ <b>0.00</b>         |     | Base Rate Fee Fourth Group  |                                   | \$ <b>2,286.47</b>          |     |                                                                                      |  |
| <b>Base Rate Fee:</b> Add the <b>base rate fees</b> for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) |     |                        |     |                             |                                   |                             |     | \$ <b>2,286.47</b>                                                                   |  |