

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

For additional information,
contact the U.S. Copyright
Office Licensing Section
(202) 707-8157. Date: 2026.09.23
15:01:35 -04'00'

Licensing Section

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2026/1																							
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</i> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section. 004765 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Georgia/Massachusettes, Inc 00476520261 004765 2026/1 One Comcast Center Philadelphia, PA 19103																							
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.																							
	1	IDENTIFICATION OF CABLE SYSTEM:																						
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td>Atlanta</td><td>GA</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td></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	Atlanta	GA	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#												
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Atlanta	GA																							
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Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#		
Comcast of Georgia/Massachusetts, Inc		004765		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.				
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
Atlanta	Fulton	GA	AA	1
Acworth	Cobb	GA	AA	1
Adairsville	Bartow	GA	AA	2
Alpharetta	Fulton	GA	AA	1
Arcade	Jackson	GA	AA	1
Auburn	Barrow	GA	AA	1
Austell	Cobb	GA	AA	1
Avondale Estates	Dekalb	GA	AA	1
Banks County	Banks	GA	AA	2
Barrow County	Barrow	GA	AA	1
Bartow County	Bartow	GA	AA	1
Berkeley Lake	Gwinnett	GA	AA	1
Bethlehem	Barrow	GA	AA	1
Between	Walton	GA	AA	1
Braselton	Jackson	GA	AA	1
Braswell	Paulding	GA	AA	1
Brooks	Fayette	GA	AA	1
Calhoun	Gordon	GA	AC	3
Canton	Cherokee	GA	AA	1
Carroll County	Carroll	GA	AA	1
Carrollton	Carroll	GA	AA	1
Cartersville	Bartow	GA	AA	1
Chamblee	Dekalb	GA	AA	1
Chattahoochie Hills	Fulton	GA	AA	1
Cherokee County	Cherokee	GA	AA	1
Clarke County	Clarke	GA	AA	2
Clarkston	Dekalb	GA	AA	1
Clayton	Clayton	GA	AA	1
Clermont	Hall	GA	AA	2
Cobb County	Cobb	GA	AA	1
College Park	Fulton	GA	AA	1
Conyers	Rockdale	GA	AA	1
Coweta County	Coweta	GA	AA	1
Cumming	Forsyth	GA	AA	1
Dallas	Paulding	GA	AA	1
Decatur	Dekalb	GA	AA	1
Dekalb County	Dekalb	GA	AA	1
Dobbins AFB	Cobb	GA	AA	1
Doraville	Dekalb	GA	AA	1
Douglas County	Douglas	GA	AA	1
Douglasville	Douglas	GA	AA	1
Duluth	Gwinnett	GA	AA	1
Dunwoody	Dekalb	GA	AA	1
East Point	Fulton	GA	AA	1
Emerson	Bartow	GA	AA	1
Euharlee	Bartow	GA	AA	1
Fairburn	Fulton	GA	AA	1
Fairmount	Gordon	GA	AC	1
Fayette County	Fayette	GA	AA	1
Fayetteville	Fayette	GA	AA	1
Floyd County	Floyd	GA	AB	3
Forest Park	Clayton	GA	AA	1
Forsyth County	Forsyth	GA	AA	1
Fort Gillem	Clayton	GA	AA	1
Fort McPherson	Fulton	GA	AA	1
Fulton County	Fulton	GA	AA	1
Gillsville	Hall	GA	AA	2
Gordon County	Gordon	GA	AC	3
Grantville	Coweta	GA	AA	1
Grayson	Gwinnett	GA	AA	1
Griffin	Spalding	GA	AA	1
Gwinnett County	Gwinnett	GA	AA	1
Hall County	Hall	GA	AA	1
Hapeville	Fulton	GA	AA	1
Haralson County	Haralson	GA	AA	4
Henry	Henry	GA	AA	1
Hiram	Paulding	GA	AA	1
Hogansville	Troup	GA	AA	6
Holly Springs	Cherokee	GA	AA	1

D
Area
Served

First
Community

See instructions for
additional information
on alphabetization.

Add rows as necessary.

Hoschton	Jackson	GA	AA	1
Jackson County	Jackson	GA	AA	2
Jasper County - Monticello	Jasper	GA	AA	1
Jasper County - Newborn	Jasper	GA	AA	1
Jersey	Walton	GA	AA	1
Jonesboro	Clayton	GA	AA	1
Kennesaw	Cobb	GA	AA	1
Kingston	Bartow	GA	AA	1
Lake City	Clayton	GA	AA	1
Lawrenceville	Gwinnett	GA	AA	1
Lilburn	Gwinnett	GA	AA	1
Lithonia	Dekalb	GA	AA	1
Loganville	Walton	GA	AA	1
Lovejoy	Clayton	GA	AA	1
Lula	Hall	GA	AA	2
Mansfield	Newton	GA	AA	1
Marietta	Cobb	GA	AA	1
Maysville	Banks	GA	AA	2
Mirror Lake	Douglas	GA	AA	1
Monticello	Jasper	GA	AA	1
Morrow	Clayton	GA	AA	1
Mount Zion	Carroll	GA	AA	1
Newborn	Newton	GA	AA	1
Newton County	Newton	GA	AA	1
Norcross	Gwinnett	GA	AA	1
Oconee County	Oconee	GA	AA	2
Orchard Hill	Spalding	GA	AA	1
Palmetto	Fulton	GA	AA	1
Paulding County	Paulding	GA	AA	1
Peachtree City	Fayette	GA	AA	1
Pendergrass	Jackson	GA	AA	1
Pickens County	Pickens	GA	AA	1
Pike County	Pike	GA	AA	1
Pinelake	Dekalb	GA	AA	1
Plainville	Gordon	GA	AC	3
Polk County	Polk	GA	AA	2
Powder Springs	Cobb	GA	AA	1
Resaca	Gordon	GA	AC	3
Riverdale	Clayton	GA	AA	1
Rockdale County	Rockdale	GA	AA	1
Rome	Floyd	GA	AB	3
Roswell	Fulton	GA	AA	1
Senoia	Coweta	GA	AA	1
Smyrna	Cobb	GA	AA	1
Snellville	Gwinnett	GA	AA	1
Social Circle	Walton	GA	AA	1
Spalding County	Spalding	GA	AA	1
Statham	Barrow	GA	AA	1
Stockbridge	Henry	GA	AA	1
Stone Mountain	Dekalb	GA	AA	1
Sunny Side	Spalding	GA	AA	1
Tallapoosa	Haralson	GA	AA	4
Talmo	Jackson	GA	AA	1
Taylorsville	Bartow	GA	AA	1
Town of Carl	Barrow	GA	AA	1
Troup County	Troup	GA	AA	6
Tyrone	Fayette	GA	AA	1
Union City	Fulton	GA	AA	1
Villa Rica (Fairfield Plantation Dev)	Carroll	GA	AA	1
Waco	Haralson	GA	AA	5
Waleska	Cherokee	GA	AA	1
Walnut Grove	Walton	GA	AA	1
Walton	Walton	GA	AA	1
Walton County	Walton	GA	AA	1
White	Bartow	GA	AA	1
Whitesburg	Carroll	GA	AA	1
Winder	Barrow	GA	AA	1
Woodstock	Cherokee	GA	AA	1
Woolsey	Fayette	GA	AA	1

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

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Comcast of Georgia/Massachusetts, Inc

004765

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 multicast 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? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WABE-DT	21	E	Yes	O	ATLANTA, GA
WABE-DT2	21	E-M	Yes	E	ATLANTA, GA
WAGA-DT	27	I	No		ATLANTA, GA
WAGA-DT-HD	27	I-M	No		ATLANTA, GA
WAGA-DT2	27	I-M	No		ATLANTA, GA
WAGA-DT3	27	I-M	No		ATLANTA, GA
WANF-DT	19	N	No		ATLANTA, GA
WANF-DT-HD	19	N-M	No		ATLANTA, GA
WANF-DT2	19	I-M	No		ATLANTA, GA
WANF-DT3	19	I-M	No		ATLANTA, GA
WATC-DT	41	E	No		ATLANTA, GA
WATC-DT-HD	41	E-M	No		ATLANTA, GA
WATL-DT	25	I	No		ATLANTA, GA
WATL-DT-HD	25	I-M	No		ATLANTA, GA
WATL-DT2	25	I-M	No		ATLANTA, GA
WATL-DT3	25	I-M	No		ATLANTA, GA
WGTA-DT	17	I	No		ATLANTA, GA
WGTA-DT2	17	I-M	No		ATLANTA, GA
WGTA-DT3	17	I-M	No		ATLANTA, GA
WGTV-DT	12	E	Yes	O	ATLANTA, GA
WGTV-DT-HD	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT2	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT3	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT4	12	E-M	Yes	E	ATLANTA, GA
WHSG-DT	44	I	No		MONROE, GA
WHSG-DT-HD	44	I-M	No		MONROE, GA
WKTb-DT	36	I	No		KINGSPORT, TN
WKTb-DT-HD	36	I-M	No		KINGSPORT, TN
WKTb-DT2	36	I-M	No		KINGSPORT, TN
WPCH-DT	20	I	No		ATLANTA, GA
WPCH-DT-HD	20	I-M	No		ATLANTA, GA
WPCH-DT2	20	I-M	No		ATLANTA, GA
WPCH-DT3	20	I-M	No		ATLANTA, GA
WPXA-DT	51	I	No		ROME, GA
WPXA-DT-HD	51	I-M	No		ROME, GA
WSB-DT	39	N	No		ATLANTA, GA
WSB-DT-HD	39	N-M	No		ATLANTA, GA
WSB-DT2	39	I-M	No		ATLANTA, GA
WSB-DT3	39	I-M	No		ATLANTA, GA
WUPA-DT	43	I	No		ATLANTA, GA
WUPA-DT-HD	43	I-M	No		ATLANTA, GA
WUPA-DT2	43	I-M	No		ATLANTA, GA
WXIA-DT	10	N	No		ATLANTA, GA
WXIA-DT-HD	10	N-M	No		ATLANTA, GA
WXIA-DT3	10	I-M	No		ATLANTA, GA
WXIA-DT4	10	I-M	No		ATLANTA, GA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusetts, Inc	SYSTEM ID# 004765	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 AB					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WAGA-DT	27	I	No		ATLANTA, GA
WAGA-DT-HD	27	I-M	No		ATLANTA, GA
WAGA-DT2	27	I-M	No		ATLANTA, GA
WAGA-DT3	27	I-M	No		ATLANTA, GA
WANF-DT	19	N	No		ATLANTA, GA
WANF-DT-HD	19	N-M	No		ATLANTA, GA
WANF-DT2	19	I-M	No		ATLANTA, GA
WANF-DT3	19	I-M	No		ATLANTA, GA
WATC-DT	41	E	No		ATLANTA, GA
WATC-DT-HD	41	E-M	No		ATLANTA, GA
WATL-DT	25	I	No		ATLANTA, GA
WATL-DT-HD	25	I-M	No		ATLANTA, GA
WATL-DT2	25	I-M	No		ATLANTA, GA
WATL-DT3	25	I-M	No		ATLANTA, GA
WGTV-DT	12	E	Yes	O	ATLANTA, GA
WGTV-DT-HD	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT2	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT3	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT4	12	E-M	Yes	E	ATLANTA, GA
WHSB-DT	44	I	No		MONROE, GA
WHSB-DT-HD	44	I-M	No		MONROE, GA
WKTG-DT	36	I	No		KINGSPORT, TN
WKTG-DT-HD	36	I-M	No		KINGSPORT, TN
WKTG-DT2	36	I-M	No		KINGSPORT, TN
WPCH-DT	20	I	No		ATLANTA, GA
WPCH-DT-HD	20	I-M	No		ATLANTA, GA
WPCH-DT2	20	I-M	No		ATLANTA, GA
WPCH-DT3	20	I-M	No		ATLANTA, GA
WPXA-DT	51	I	No		ROME, GA
WPXA-DT-HD	51	I-M	No		ROME, GA
WRCB-DT	13	N	No		CHATTANOOGA, TN
WSB-DT	39	N	No		ATLANTA, GA
WSB-DT-HD	39	N-M	No		ATLANTA, GA
WSB-DT2	39	I-M	No		ATLANTA, GA
WSB-DT3	39	I-M	No		ATLANTA, GA
WTVC-DT	9	N	No		CHATTANOOGA, TN
WUPA-DT	43	I	No		ATLANTA, GA
WUPA-DT-HD	43	I-M	No		ATLANTA, GA
WUPA-DT2	43	I-M	No		ATLANTA, GA
WXIA-DT	10	N	No		ATLANTA, GA
WXIA-DT-HD	10	N-M	No		ATLANTA, GA
WXIA-DT3	10	I-M	No		ATLANTA, GA
WXIA-DT4	10	I-M	No		ATLANTA, GA

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#
004765

Name

PRIMARY TRANSMITTERS: TELEVISION

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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.

CHANNEL LINE-UP AC					
1. CALL SIGN	2. B'CAST NUMBER	3. TYPE OF STATION	4. DISTANT? (YES OR NO)	5. BASIS OF CARRIAGE (if distant)	6. LOCATION OF STATION
WAGA-DT	27	I	No		ATLANTA, GA
WAGA-DT-HD	27	I-M	No		ATLANTA, GA
WAGA-DT2	27	I-M	No		ATLANTA, GA
WAGA-DT3	27	I-M	No		ATLANTA, GA
WANF-DT	19	N	No		ATLANTA, GA
WANF-DT-HD	19	N-M	No		ATLANTA, GA
WANF-DT2	19	I-M	No		ATLANTA, GA
WANF-DT3	19	I-M	No		ATLANTA, GA
WATC-DT	41	E	No		ATLANTA, GA
WATC-DT-HD	41	E-M	No		ATLANTA, GA
WATL-DT	25	I	No		ATLANTA, GA
WATL-DT-HD	25	I-M	No		ATLANTA, GA
WATL-DT2	25	I-M	No		ATLANTA, GA
WATL-DT3	25	I-M	No		ATLANTA, GA
WGTV-DT	12	E	Yes	O	ATLANTA, GA
WGTV-DT-HD	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT2	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT3	12	E-M	Yes	E	ATLANTA, GA
WGTV-DT4	12	E-M	Yes	E	ATLANTA, GA
WHSG-DT	44	I	No		MONROE, GA
WHSG-DT-HD	44	I-M	No		MONROE, GA
WKTb-DT	36	I	No		KINGSPORT, TN
WKTb-DT-HD	36	I-M	No		KINGSPORT, TN
WPCH-DT	20	I	No		ATLANTA, GA
WPCH-DT-HD	20	I-M	No		ATLANTA, GA
WPCH-DT2	20	I-M	No		ATLANTA, GA
WPCH-DT3	20	I-M	No		ATLANTA, GA
WPXA-DT	51	I	No		ROME, GA
WPXA-DT-HD	51	I-M	No		ROME, GA
WSB-DT	39	N	No		ATLANTA, GA
WSB-DT-HD	39	N-M	No		ATLANTA, GA
WSB-DT2	39	I-M	No		ATLANTA, GA
WSB-DT3	39	I-M	No		ATLANTA, GA
WTVC-DT	9	N	No		CHATTANOOGA, TN
WUPA-DT	43	I	No		ATLANTA, GA
WUPA-DT-HD	43	I-M	No		ATLANTA, GA
WUPA-DT2	43	I-M	No		ATLANTA, GA
WXIA-DT	10	N	No		ATLANTA, GA
WXIA-DT-HD	10	N-M	No		ATLANTA, GA
WXIA-DT3	10	I-M	No		ATLANTA, GA
WXIA-DT4	10	I-M	No		ATLANTA, GA

G

Primary
Transmitters:
Television

Form SA3E Long Form (F

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc				SYSTEM ID# 004765			
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."							
	DATES AND HOURS OF PART-TIME CARRIAGE							
	CALL SIGN	WHEN CARRIAGE OCCURRED HOURS			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS		
		DATE	FROM	TO		DATE	FROM	TO
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusetts, Inc		SYSTEM ID# 004765	Name	
GROSS RECEIPTS Instructions: 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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. _____ IMPORTANT: You must complete a statement in space P concerning gross receipts.			K Gross Receipts	
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • 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. • 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. ▶ 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. ▶ 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.			L Copyright Royalty Fee	
Block 1	MINIMUM FEE: 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. Line 1. Enter the amount of gross receipts from space K. _____ \$ 123,308,010.96 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. _____ This is your minimum fee. \$ 1,311,997.24			
Block 2	DISTANT TELEVISION STATIONS CARRIED: 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. • Did your cable system carry any distant television stations during the accounting period? ☒ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.			
Block 3	Line 1. BASE RATE FEE: 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. _____ \$ 15,977.87 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. _____ 0.00 Line 3. Add lines 1 and 2 and enter here. _____ \$ 15,977.87			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger. _____ \$ 1,311,997.24 Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 0.00 Line 3. FILING FEE. \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here \$ 1,312,722.24 EFT Trace # or TRANSACTION ID # 2852JV5K		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.	
Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusetts, Inc		SYSTEM ID# 004765
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
	1. Enter the total number of channels on which the cable system carried television broadcast stations	48	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	1,037	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
	Name Julie Laine - Comcast Cable Communications, LLC	Telephone 215-286-2334	
	Address One Comcast Center (Number, street, rural route, apartment, or suite number)		
	Philadelphia, PA 19103 (City, town, state, zip)		
	Email Licensing_Office_Inquiries@Comcast.com	Fax (optional)	
O Certification	CERTIFICATION (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.)		
	☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
	☐ (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		
	☒ (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. [18 U.S.C., Section 1001(1986)]		
	X /s/ Joseph Lance		
	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: JOSEPH LANCE		
	Title: VICE PRESIDENT - REGULATORY ACCOUNTING (Title of official position held in corporation or partnership)		
	Date: August 14, 2026		

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: Comcast of Georgia/Massachusetts, Inc		SYSTEM ID# 004765	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? ☒ NO ☐ YES. Enter the total here and list the satellite carrier(s) below. \$ 			P Special Statement Concerning Gross Receipts Exclusion
Name 	Mailing Address 	Name 	Mailing Address
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period ID number 			Q Interest Assessment

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.

Add rows as necessary.
Remember to copy all formula into new rows.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc	SYSTEM ID# 004765						
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: 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. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: 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. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: 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.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	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	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,▶ 0.00								
4 Computation of DSEs for Substitute- Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • 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 • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: 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. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: 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).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	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
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,▶ 0.00								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: 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 ●		▶		0.50			
	2. Number of DSEs from part 3 ●		▶		0.00			
	3. Number of DSEs from part 4 ●		▶		0.00			
	TOTAL NUMBER OF DSEs						▶ 0.50	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc						SYSTEM ID# 004765		Name	
Instructions: Block A must be completed. In block A: • 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. • If your answer if "No," complete blocks B and C below.								6 Computation of 3.75 Fee	
BLOCK A: TELEVISION MARKETS									
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? ☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. ☒ No—Complete blocks B and C below.									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN			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.)						
Column 2: BASIS OF PERMITTED CARRIAGE			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.) 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)] 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) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 M Retransmission of a distant multicast stream.						
Column 3:			List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(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.)						
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WABE-DT	C	0.25							
WGTV-DT	C	0.25							
							0.50		
BLOCK C: COMPUTATION OF 3.75 FEE									
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. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)							0.00		
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)							0.00		

Do any of the DSEs represent partially permitted/ partially nonpermitted carriage? If yes, see part 9 instructions.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc					SYSTEM ID# 004765
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Section.					
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS					
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc	SYSTEM ID# 004765	
7 Computation of Base Rate Fee	Instructions: 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. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • 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. What is a partially distant station? 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.		
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS		
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 8 of this schedule. ☐ No—Complete the following sections.		
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE		
	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. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶	
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. 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. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ - D. Multiply line B by line C and enter here. ▶ \$ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. ▶ \$0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Comcast of Georgia/Massachusetts, Inc	004765	

Section 4	If the figure in section 2 is more than 4,000, compute your base rate fee here and leave section 3 blank. A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____ C. Multiply line B by 3.000 and enter here ▶ \$ _____ D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____ E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____ F. Multiply line D by line E and enter here ▶ \$ _____ G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 0.00	7 Computation of Base Rate Fee
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IMPORTANT: 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. In General: 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: First: 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. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: 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. How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community. Step 2: 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.) Step 3: 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. Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups. In each section: • Identify the communities/areas represented by each subscriber group. • 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. • If: 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, 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. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • 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. • 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.	8 Computation of Base Rate Fee for Partially Distant Stations, and for Partially Permitted Stations
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusettes, Inc							SYSTEM ID# 004765		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									8 Computation of Base Rate Fee for Partially Distant Stations
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA 1				COMMUNITY/ AREA 2					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WABE-DT [C]	0.25				
Total DSEs 0.00				Total DSEs 0.25					
Gross Receipts First Group \$ 117,351,422.50				Gross Receipts Second Group \$ 1,228,940.52					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 3,268.98					
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA 3				COMMUNITY/ AREA 4					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WGTV-DT [C]	0.25			WGTV-DT [C]	0.25				
Total DSEs 0.25				Total DSEs 0.25					
Gross Receipts Third Group \$ 4,541,689.84				Gross Receipts Fourth Group \$ 112,113.87					
Base Rate Fee Third Group \$ 12,080.89				Base Rate Fee Fourth Group \$ 298.22					
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$ 15,977.87	

[illegible]

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Georgia/Massachusetts, Inc						SYSTEM ID# 004765		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIFTH SUBSCRIBER GROUP					SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 5					COMMUNITY/ AREA 6				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of 3.75 Fee for Partially Distant Stations	
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts First Group		\$ 11,858.20		Gross Receipts Second Group		\$ 61,986.04			
Base Rate Fee First Group		\$ 0.00		Base Rate Fee Second Group		\$ 0.00			
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
Total DSEs		0.00		Total DSEs		0.00			
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00			
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group		\$ 0.00			
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)								\$	