

This form is effective beginning with the January 1 to June 30, 2026, accounting period (2026/1).
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) 707-8100.
Date: 2026.09.24
13:02:29 -04'00'

Licensing Section
Digitally signed by
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. 062253 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Florida/Georgia, LLC Comcast, One Comcast Center 06225320261 062253 2026/1 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. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
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 colspan="2">CITY OR TOWN</td><td colspan="2">STATE</td></tr><tr><td colspan="2">City of West Palm Beach</td><td colspan="2">FL</td></tr><tr><td colspan="4">Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</td></tr><tr><td colspan="2">CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td></tr><tr><td colspan="2"></td><td></td><td></td></tr><tr><td colspan="2"></td><td></td><td></td></tr><tr><td colspan="2"></td><td></td><td></td></tr></table>				CITY OR TOWN		STATE		City of West Palm Beach		FL		Below is a sample for reporting communities if you report multiple channel line-ups in Space G.				CITY OR TOWN (SAMPLE)		STATE	CH LINE UP												
CITY OR TOWN		STATE																														
City of West Palm Beach		FL																														
Below is a sample for reporting communities if you report multiple channel line-ups in Space G.																																
CITY OR TOWN (SAMPLE)		STATE	CH LINE UP																													

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 Florida/Georgia, LLC**SYSTEM ID#**
062253

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.

D
Area
Served

CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#
City of West Palm Beach	Palm Beach County	FL	AA	1
Alta Palms - Miramar (Adelphia)	Broward County	FL	AE	1
Atlantis	Palm Beach County	FL	AA	1
Aventura	Miami-Dade County	FL	AE	7
Belle Glade	Palm Beach County	FL	AK	2
Biscayne Park	Miami-Dade County	FL	AE	7
Boca Raton	Palm Beach County	FL	AA	1
Boynton Beach West Palm	Palm Beach County	FL	AA	1
Boynton Beach Delray	Palm Beach County	FL	AA	1
Brevard County - Micco	Brevard County	FL	AG	5
Broward County	Broward County	FL	AE	1
Buckhead Ridge	Glades County	FL	AL	5
Centura Parc - Coconut Creek	Broward County	FL	AE	1
Century Village - Deerfield	Broward County	FL	AE	1
Century Village - Pembroke Pines	Broward County	FL	AE	1
Clewiston	Hendry County	FL	AJ	6
Cloud Lake	Palm Beach County	FL	AA	1
Coconut Creek	Broward County	FL	AE	1
Cooper City	Broward County	FL	AE	1
Coral Gables South	Miami-Dade County	FL	AE	7
Coral Gables North	Miami-Dade County	FL	AI	7
Cutler Bay	Miami-Dade County	FL	AE	7
Dade County South	Miami-Dade County	FL	AE	7
Dade County North	Miami-Dade County	FL	AE	1
Dade County East	Miami-Dade County	FL	AE	7
Dania	Broward County	FL	AE	1
Davie	Broward County	FL	AE	1
Deerfield Beach	Broward County	FL	AE	1
Delray Beach	Palm Beach County	FL	AA	1
Doral	Miami-Dade County	FL	AE	1
El Portal	Miami-Dade County	FL	AE	7
Estancia	Broward County	FL	AF	5
Fellsmere	Indian River County	FL	AF	5
Florida City	Miami-Dade County	FL	AE	7
Frenchmans Creek	Palm Beach County	FL	AC	3
Ft. Lauderdale	Broward County	FL	AE	1
Ft. Pierce Stuart County	St. Lucie County	FL	AH	5
Ft. Pierce Martin County	Martin County	FL	AB	2
Gable Grand Isles	Palm Beach County	FL	AA	1
Glades County	Glades County	FL	AL	1
Glenridge	Palm Beach County	FL	AA	1
Greenacres	Palm Beach County	FL	AA	1
Gulf Stream	Palm Beach County	FL	AA	1
Hallandale	Broward County	FL	AE	1
Haverhill	Palm Beach County	FL	AA	1
Hendry County	Hendry County	FL	AJ	6
Hialeah	Miami-Dade County	FL	AE	1
Hialeah Gardens	Miami-Dade County	FL	AE	1
Hidden Grove	Palm Beach County	FL	AE	7
Highland Beach	Palm Beach County	FL	AA	1
Hillsboro	Broward County	FL	AE	1
Hollywood	Broward County	FL	AE	1
Homestead	Miami-Dade County	FL	AE	7
Hypoluxo	Palm Beach County	FL	AA	1
Indian Creek	Miami-Dade County	FL	AC	3
Indian River County North	Indian River County	FL	AF	5
Indian River County South	Indian River County	FL	AF	5
Indian River Shores	Indian River County	FL	AF	5
Indiantown	Martin County	FL	AB	2
Islamorada	Monroe County	FL	AI	8
Jensen Beach	Martin County	FL	AB	2
Juno Beach	Palm Beach County	FL	AC	3
Jupiter	Palm Beach County	FL	AC	3
Jupiter Inlet Colony Town	Palm Beach County	FL	AC	3
Jupiter Island Town	Martin County	FL	AB	2
Kendall	Miami-Dade County	FL	AI	7
Key Biscayne (Adelphia)	Miami-Dade County	FL	AE	7
Key Colony Beach	Monroe County	FL	AI	8
Key Largo	Monroe County	FL	AI	8
Key West	Monroe County	FL	AI	8
Lake Clark Shores	Palm Beach County	FL	AA	1
Lake Park	Palm Beach County	FL	AC	3
Lake Worth	Palm Beach County	FL	AA	1
Lakeport	Glades County	FL	AL	5
Lantana	Palm Beach County	FL	AA	1
Lauderdale by the Sea	Broward County	FL	AE	1
Lauderdale Lakes	Broward County	FL	AE	1
Lauderhill	Broward County	FL	AE	1
Layton	Monroe County	FL	AI	8
Lazy Lakes	Monroe County	FL	AE	1
Lighthouse Point	Broward County	FL	AE	1
Little Torch Key	Monroe County	FL	AI	8

First
CommunitySee instructions for
additional information
on alphabetization.

Add rows as necessary.

Loxahatchee Groves	Palm Beach County	FL	AC	1
Manapalan	Palm Beach County	FL	AA	1
Manatee Bay	Monroe County	FL	AA	1
Mangonia Park	Palm Beach County	FL	AA	1
Marathon	Monroe County	FL	AI	8
Margate	Broward County	FL	AE	1
Martin County North	Martin County	FL	AB	2
Martin County South	Martin County	FL	AC	3
Medley	Miami-Dade County	FL	AE	1
Miami	Miami-Dade County	FL	AE	7
Miami Gardens	Miami-Dade County	FL	AE	7
Miami Shores	Miami-Dade County	FL	AE	7
Miami Springs	Miami-Dade County	FL	AE	1
Miramar	Broward County	FL	AE	1
Monroe County unincorporated	Monroe County	FL	AI	8
Moore Haven	Glades County	FL	AL	5
Nautica Isles	Palm Beach County	FL	AA	1
North Dade	Miami-Dade County	FL	AE	7
North Lauderdale	Broward County	FL	AE	1
North Miami	Miami-Dade County	FL	AE	7
North Miami Beach	Miami-Dade County	FL	AE	7
North Palm Beach	Palm Beach County	FL	AC	4
Oakland Park	Broward County	FL	AE	1
Ocean Breeze Park	Martin County	FL	AB	2
Ocean Reef (Private Club)	Monroe County	FL	AI	8
Ocean Ridge	Palm Beach County	FL	AA	1
Okeechobee	Okeechobee County	FL	AD	5
Okeechobee County	Okeechobee County	FL	AD	5
Opa Locka	Miami-Dade County	FL	AE	7
Orchid	Indian River County	FL	AF	5
Pahokee	Palm Beach County	FL	AK	2
Palm Beach	Palm Beach County	FL	AA	1
Palm Beach (Boca Raton)	Palm Beach County	FL	AA	1
Palm Beach (NE-West Palm Beach)	Palm Beach County	FL	AC	1
Palm Beach County	Palm Beach County	FL	AC	1
Palm Beach Gardens	Palm Beach County	FL	AC	1
Palm Beach Shores	Palm Beach County	FL	AA	1
Palm Springs	Palm Beach County	FL	AA	1
Palmetto Bay	Miami-Dade County	FL	AE	7
Parkland	Broward County	FL	AE	1
Pembroke	Broward County	FL	AE	1
Pembroke Pines	Broward County	FL	AE	1
Pembroke Park	Broward County	FL	AE	1
Pinecrest	Miami-Dade County	FL	AI	7
Plantation	Broward County	FL	AE	1
Pompano Beach	Broward County	FL	AE	1
Port St. Lucie	St. Lucie County	FL	AB	2
Riviera Beach	Palm Beach County	FL	AA	1
Royal Palm Beach	Palm Beach County	FL	AC	1
Sea Ranch Lakes	Broward County	FL	AE	1
Sebastian	Indian River County	FL	AF	5
Sewall's Point	Martin County	FL	AB	2
South Bay City	Palm Beach County	FL	AK	2
South Palm Beach	Palm Beach County	FL	AA	1
Southwest Ranches	Broward County	FL	AE	1
St Lucie County South	St. Lucie County	FL	AH	5
St Lucie County North	St. Lucie County	FL	AB	2
St. Lucie Village	St. Lucie County	FL	AH	5
Sterling Village	Palm Beach County	FL	AA	1
Stuart	Martin County	FL	AB	2
Sunrise	Broward County	FL	AE	1
Sweetwater	Miami-Dade County	FL	AE	1
Tamarac	Broward County	FL	AE	1
Tequesta	Palm Beach County	FL	AC	3
Unicorp. Boca Raton	Palm Beach County	FL	AA	1
Unicorp. Boynton Beach	Palm Beach County	FL	AA	1
Unicorp. Delray	Palm Beach County	FL	AA	1
Unincorp. Lake Worth	Palm Beach County	FL	AA	1
Unincorporated Dade County (Adelphia)	Miami-Dade County	FL	AE	7
Vero Beach	Indian River County	FL	AF	5
Virginia Gardens	Miami-Dade County	FL	AE	1
Wellington	Palm Beach County	FL	AA	1
West Lake Worth	Palm Beach County	FL	AA	1
West Miami	Miami-Dade County	FL	AE	7
West Palm Beach	Palm Beach County	FL	AA	1
West Park	Broward County	FL	AE	1
Weston	Broward County	FL	AE	1
Wilton Manors	Broward County	FL	AE	1
Wycliffe	Palm Beach County	FL	AA	1
Wynmoor Village - Coconut Creek (Adelphia)	Broward County	FL	AE	1

SYSTEM ID#
062253

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name			
Comcast of Florida/Georgia, LLC	062253				
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.					
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
WBEC-DT	40	E	No		Boca Raton, FL
WBEC-DT-HD	40	E-M	No		Boca Raton, FL
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WHDT-DT	59	I	No		Stuart, FL
WHDT-DT-HD	59	I-M	No		Stuart, FL
WHDT-DT2	59	I-M	No		Stuart, FL
WHDT-DT3	59	I-M	No		Stuart, FL
WLRN-DT	20	E	No		Miami, FL
WLRN-DT-HD	20	E-M	No		Miami, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPBT-DT	18	E	No		Miami, FL
WPBT-DT-HD	18	E-M	No		Miami, FL
WPBT-DT2	18	E-M	No		Miami, FL
WPBT-DT3	18	E-M	No		Miami, FL
WPBT-DT4	18	E-M	No		Miami, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	No		Boynton Beach, FL
WXEL-DT-HD	27	E-M	No		Boynton Beach, FL

G
**Primary
Transmitters:
Television**

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC

SYSTEM ID#

062253

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 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 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
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WHDT-DT	59	I	No		Stuart, FL
WHDT-DT-HD	59	I-M	No		Stuart, FL
WHDT-DT2	59	I-M	No		Stuart, FL
WHDT-DT3	59	I-M	No		Stuart, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPBT-DT	18	E	Yes	O	Miami, FL
WPBT-DT-HD	18	E-M	Yes	E	Miami, FL
WPBT-DT2	18	E-M	Yes	E	Miami, FL
WPBT-DT3	18	E-M	Yes	E	Miami, FL
WPBT-DT4	18	E-M	Yes	E	Miami, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name		
Comcast of Florida/Georgia, LLC		062253			
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 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
WBEC-DT	40	E	Yes	O	Boca Raton, FL
WBEC-DT-HD	40	E-M	Yes	E	Boca Raton, FL
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WHDt-DT	59	I	No		Stuart, FL
WHDt-DT-HD	59	I-M	No		Stuart, FL
WHDt-DT2	59	I-M	No		Stuart, FL
WHDt-DT3	59	I-M	No		Stuart, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPBT-DT	18	E	Yes	O	Miami, FL
WPBT-DT-HD	18	E-M	Yes	E	Miami, FL
WPBT-DT2	18	E-M	Yes	E	Miami, FL
WPBT-DT3	18	E-M	Yes	E	Miami, FL
WPBT-DT4	18	E-M	Yes	E	Miami, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC	SYSTEM ID# 062253	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.					
CHANNEL LINE-UP AD					
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
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WHDT-DT	59	I	No		Stuart, FL
WHDT-DT-HD	59	I-M	No		Stuart, FL
WHDT-DT2	59	I-M	No		Stuart, FL
WHDT-DT3	59	I-M	No		Stuart, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

G
**Primary
Transmitters:
Television**

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC**SYSTEM ID#**
062253

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 AE

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
WBEC-DT	40	E	No		Boca Raton, FL
WBEC-DT-HD	40	E-M	No		Boca Raton, FL
WBFS-DT	32	I	No		Miami, FL
WBFS-DT-HD	32	I-M	No		Miami, FL
WFOR-DT	22	N	No		Miami, FL
WFOR-DT-HD	22	N-M	No		Miami, FL
WFOR-DT2	22	I-M	No		Miami, FL
WFOR-DT3	22	I-M	No		Miami, FL
WGEN-DT	30	N	No		Miami, FL
WGEN-DT-HD	30	N-M	No		Miami, FL
WHFT-DT	46	I	No		Miami, FL
WHFT-DT-HD	46	I-M	No		Miami, FL
WLRN-DT	20	E	No		Miami, FL
WLRN-DT-HD	20	E-M	No		Miami, FL
WPBT-DT2	18	E-M	No		Miami, FL
WPBT-DT	18	E	No		Miami, FL
WPBT-DT-HD	18	E-M	No		Miami, FL
WPBT-DT3	18	E-M	No		Miami, FL
WPBT-DT4	18	E-M	No		Miami, FL
WPLG-DT	10	N	No		Miami, FL
WPLG-DT-HD	10	N-M	No		Miami, FL
WPLG-DT2	10	I-M	No		Miami, FL
WPLG-DT3	10	I-M	No		Miami, FL
WPXM-DT	35	I	No		Miami, FL
WPXM-DT-HD	35	I-M	No		Miami, FL
WPXM-DT2	35	I-M	No		Miami, FL
WPXM-DT3	35	I-M	No		Miami, FL
WSBS-DT	3	I	No		Key West, FL
WSBS-DT-HD	3	I-M	No		Key West, FL
WSFL-DT2	19	I-M	No		Miami, FL
WSFL-DT3	19	I-M	No		Miami, FL
WSFL-DT	19	I	No		Miami, FL
WSFL-DT-HD	19	I-M	No		Miami, FL
WSVN-DT	7	I	No		Miami, FL
WSVN-DT-HD	7	I-M	No		Miami, FL
WSVN-DT2	7	I-M	No		Miami, FL
WSVN-DT-HD2	7	I-M	No		Miami, FL
WSVN-DT3	7	I-M	No		Miami, FL
WTVJ-DT	31	N	No		Miami, FL
WTVJ-DT-HD	31	N-M	No		Miami, FL
WTVJ-DT2	31	I-M	No		Miami, FL
WTVJ-DT3	31	I-M	No		Miami, FL
WXEL-DT	27	E	No		Boynton Beach, FL
WXEL-DT-HD	27	E-M	No		Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC

SYSTEM ID#
062253

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 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.

GPrimary
Transmitters:
Television

CHANNEL LINE-UP AF

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
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WHDt-DT	59	I	No		Stuart, FL
WHDt-DT-HD	59	I-M	No		Stuart, FL
WHDt-DT2	59	I-M	No		Stuart, FL
WHDt-DT3	59	I-M	No		Stuart, FL
WOFL-DT	22	I	No		Orlando, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC

SYSTEM ID#
062253

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.

GPrimary
Transmitters:
Television

CHANNEL LINE-UP AG

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
WESH-DT	11	N	No		Daytona Beach, FL
WESH-DT2	11	I-M	No		Daytona Beach, FL
WESH-DT-HD	11	N-M	No		Daytona Beach, FL
WESH-DT3	11	I-M	No		Daytona Beach, FL
WFTV-DT	39	N	No		Orlando, FL
WFTV-DT2	39	I-M	No		Orlando, FL
WFTV-DT3	39	I-M	No		Orlando, FL
WFTV-DT-HD	39	N-M	No		Orlando, FL
WHLV-DT	51	I	No		Cocoa, FL
WKCF-DT	17	I	No		Clermont, FL
WKCF-DT2	17	I-M	No		Clermont, FL
WKCF-DT3	17	I-M	No		Clermont, FL
WKCF-DT-HD	17	I-M	No		Fort Pierce, FL
WKMG-DT	26	N	No		Orlando, FL
WKMG-DT2	26	I-M	No		Orlando, FL
WKMG-DT3	26	I-M	No		Orlando, FL
WKMG-DT-HD	26	N-M	No		Orlando, FL
WOFL-DT	22	I	No		Orlando, FL
WOFL-DT-HD	22	I-M	No		Orlando, FL
WOFL-DT2	22	I-M	No		Orlando, FL
WOPX-DT	48	I	No		Melbourne, FL
WOPX-DT-HD	48	I-M	No		Melbourne, FL
WOTF-DT	15	N	No		Orlando, FL
WRBW-DT-HD	41	I-M	No		Orlando, FL
WRBW-DT2	41	I-M	No		Orlando, FL
WRBW-DT3	41	I-M	No		Orlando, FL
WRBW-DT4	41	I-M	No		Orlando, FL
WRDQ-DT	27	I	No		Orlando, FL
WRDQ-DT2	27	I-M	No		Orlando, FL
WRDQ-DT-HD	27	I-M	No		Orlando, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC					SYSTEM ID# 062253	Name
PRIMARY TRANSMITTERS: TELEVISION					G	
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.						
CHANNEL LINE-UP AH						
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	
WFGC-DT	49	N	No		Palm Beach, FL	
WFGC-DT-HD	49	N-M	No		Palm Beach, FL	
WFLX-DT	28	I	No		West Palm Beach, FL	
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL	
WFLX-DT2	28	I-M	No		West Palm Beach, FL	
WFLX-DT3	28	I-M	No		West Palm Beach, FL	
WHDT-DT	59	I	No		Stuart, FL	
WHDT-DT-HD	59	I-M	No		Stuart, FL	
WHDT-DT2	59	I-M	No		Stuart, FL	
WHDT-DT3	59	I-M	No		Stuart, FL	
WPBF-DT	16	N	No		Tequesta, FL	
WPBF-DT2	16	I-M	No		Tequesta, FL	
WPBF-DT-HD	16	N-M	No		Tequesta, FL	
WPBF-DT3	16	I-M	No		Tequesta, FL	
WPEC-DT	13	N	No		West Palm Beach, FL	
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL	
WPEC-DT2	13	I-M	No		West Palm Beach, FL	
WPEC-DT3	13	I-M	No		West Palm Beach, FL	
WPTV-DT	12	N	No		West Palm Beach, FL	
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL	
WPTV-DT2	12	I-M	No		West Palm Beach, FL	
WPTV-DT3	12	I-M	No		West Palm Beach, FL	
WPXP-DT	36	I	No		Lake Worth, FL	
WPXP-DT-HD	36	I-M	No		Lake Worth, FL	
WPXP-DT2	36	I-M	No		Lake Worth, FL	
WTCE-DT	38	E	No		Fort Pierce, FL	
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL	
WTCN-DT	43	I	No		Palm Beach, FL	
WTCN-DT-HD	43	I-M	No		Palm Beach, FL	
WTVX-DT	34	I	No		Fort Pierce, FL	
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL	
WTVX-DT2	34	I-M	No		Fort Pierce, FL	
WWHB-DT	33	N	No		Stuart, FL	
WXEL-DT	27	E	Yes	O	Boynton Beach, FL	
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL	

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC

SYSTEM ID#

062253

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 AI

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
WBFS-DT	32	I	No		Miami, FL
WBFS-DT-HD	32	I-M	No		Miami, FL
WFOR-DT	22	N	No		Miami, FL
WFOR-DT-HD	22	N-M	No		Miami, FL
WFOR-DT2	22	I-M	No		Miami, FL
WFOR-DT3	22	I-M	No		Miami, FL
WGEN-DT	30	N	No		Miami, FL
WGEN-DT-HD	30	N-M	No		Miami, FL
WHFT-DT	46	I	No		Miami, FL
WHFT-DT-HD	46	I-M	No		Miami, FL
WLRN-DT	20	E	Yes	O	Miami, FL
WLRN-DT-HD	20	E-M	Yes	E	Miami, FL
WPBT-DT	18	E	Yes	O	Miami, FL
WPBT-DT-HD	18	E-M	Yes	E	Miami, FL
WPBT-DT2	18	E-M	Yes	E	Miami, FL
WPBT-DT3	18	E-M	Yes	E	Miami, FL
WPBT-DT4	18	E-M	Yes	E	Miami, FL
WPLG-DT	10	N	No		Miami, FL
WPLG-DT-HD	10	N-M	No		Miami, FL
WPLG-DT2	10	I-M	No		Miami, FL
WPLG-DT3	10	I-M	No		Miami, FL
WPXM-DT	35	I	No		Miami, FL
WPXM-DT-HD	35	I-M	No		Miami, FL
WPXM-DT2	35	I-M	No		Miami, FL
WPXM-DT3	35	I-M	No		Miami, FL
WSBS-DT	3	I	No		Key West, FL
WSBS-DT-HD	3	I-M	No		Key West, FL
WSFL-DT	19	I	No		Miami, FL
WSFL-DT2	19	I-M	No		Miami, FL
WSFL-DT3	19	I-M	No		Miami, FL
WSFL-DT-HD	19	I-M	No		Miami, FL
WSVN-DT	7	I	No		Miami, FL
WSVN-DT-HD	7	I-M	No		Miami, FL
WSVN-DT2	7	I-M	No		Miami, FL
WSVN-DT-HD2	7	I-M	No		Miami, FL
WSVN-DT3	7	I-M	No		Miami, FL
WTVJ-DT	31	N	No		Miami, FL
WTVJ-DT-HD	31	N-M	No		Miami, FL
WTVJ-DT2	31	I-M	No		Miami, FL
WTVJ-DT3	31	I-M	No		Miami, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

FORM SA3E, PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC**SYSTEM ID#
062253**

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 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 AJ**

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
WBBH-DT	15	N	No		Fort Myers, FL
WBBH-DT-HD	15	N-M	No		Fort Myers, FL
WBBH-DT2	15	I-M	No		Fort Myers, FL
WFGC-DT	49	N	Yes	O	Palm Beach, FL
WFTX-DT	35	I	No		Cape Coral, FL
WFTX-DT-HD	35	I-M	No		Cape Coral, FL
WFTX-DT2	35	I-M	No		Cape Coral, FL
WFTX-DT3	35	I-M	No		Cape Coral, FL
WINK-DT	9	N	No		Fort Myers, FL
WINK-DT-HD	9	N-M	No		Fort Myers, FL
WINK-DT2	9	I-M	No		Fort Myers, FL
WINK-DT-HD2	9	N-M	No		Fort Myers, FL
WPBT-DT	18	E	Yes	O	Miami, FL
WPBT-DT-HD	18	E-M	Yes	E	Miami, FL
WPBT-DT2	18	E-M	Yes	E	Miami, FL
WPBT-DT3	18	E-M	Yes	E	Miami, FL
WPBT-DT4	18	E-M	Yes	E	Miami, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPXP-DT	36	I	Yes	O	Lake Worth, FL
WXCW-DT	45	I	No		Naples, FL
WXCW-DT-HD	45	I-M	No		Naples, FL
WXCW-DT2	45	I-M	No		Naples, FL
WXCW-DT3	46	I-M	No		Naples, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL
WZVN-DT	41	N	No		Naples, FL
WZVN-DT-HD	41	N-M	No		Naples, FL
WZVN-DT2	41	I-M	No		Naples, FL
WZVN-DT3	41	I-M	No		Naples, FL

FORM SA3E: PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Comcast of Florida/Georgia, LLC

SYSTEM ID#

062253

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 AK					
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
WFGC-DT	49	N	No		Palm Beach, FL
WFGC-DT-HD	49	N-M	No		Palm Beach, FL
WFLX-DT	28	I	No		West Palm Beach, FL
WFLX-DT-HD	28	I-M	No		West Palm Beach, FL
WFLX-DT2	28	I-M	No		West Palm Beach, FL
WFLX-DT3	28	I-M	No		West Palm Beach, FL
WHDT-DT	59	I	No		Stuart, FL
WHDT-DT-HD	59	I-M	No		Stuart, FL
WHDT-DT2	59	I-M	No		Stuart, FL
WHDT-DT3	59	I-M	No		Stuart, FL
WPBF-DT	16	N	No		Tequesta, FL
WPBF-DT-HD	16	N-M	No		Tequesta, FL
WPBF-DT2	16	I-M	No		Tequesta, FL
WPBF-DT3	16	I-M	No		Tequesta, FL
WPBT-DT	18	E	Yes	O	Miami, FL
WPBT-DT-HD	18	E-M	Yes	E	Miami, FL
WPBT-DT2	18	E-M	Yes	E	Miami, FL
WPBT-DT3	18	E-M	Yes	E	Miami, FL
WPBT-DT4	18	E-M	Yes	E	Miami, FL
WPEC-DT	13	N	No		West Palm Beach, FL
WPEC-DT-HD	13	N-M	No		West Palm Beach, FL
WPEC-DT2	13	I-M	No		West Palm Beach, FL
WPEC-DT3	13	I-M	No		West Palm Beach, FL
WPTV-DT	12	N	No		West Palm Beach, FL
WPTV-DT-HD	12	N-M	No		West Palm Beach, FL
WPTV-DT2	12	I-M	No		West Palm Beach, FL
WPTV-DT3	12	I-M	No		West Palm Beach, FL
WPXP-DT	36	I	No		Lake Worth, FL
WPXP-DT-HD	36	I-M	No		Lake Worth, FL
WPXP-DT2	36	I-M	No		Lake Worth, FL
WTCE-DT	38	E	No		Fort Pierce, FL
WTCE-DT-HD	38	E-M	No		Fort Pierce, FL
WTCN-DT	43	I	No		Palm Beach, FL
WTCN-DT-HD	43	I-M	No		Palm Beach, FL
WTVX-DT	34	I	No		Fort Pierce, FL
WTVX-DT-HD	34	I-M	No		Fort Pierce, FL
WTVX-DT2	34	I-M	No		Fort Pierce, FL
WWHB-DT	33	N	No		Stuart, FL
WXEL-DT	27	E	Yes	O	Boynton Beach, FL
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC					SYSTEM ID# 062253	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 AL						
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	
WBBH-DT	15	N	No		Fort Myers, FL	
WBBH-DT-HD	15	N-M	No		Fort Myers, FL	
WBBH-DT2	15	I-M	No		Fort Myers, FL	
WFTX-DT	35	I	No		Cape Coral, FL	
WFTX-DT-HD	35	I-M	No		Cape Coral, FL	
WFTX-DT2	35	I-M	No		Cape Coral, FL	
WFTX-DT3	35	I-M	No		Cape Coral, FL	
WINK-DT	9	N	No		Fort Myers, FL	
WINK-DT-HD	9	N-M	No		Fort Myers, FL	
WINK-DT2	9	I-M	No		Fort Myers, FL	
WINK-DT-HD2	9	N-M	No		Fort Myers, FL	
WRXY-DT	33	I	No		Fort Myers, FL	
WRXY-DT-HD	33	I-M	No		Fort Myers, FL	
WXCW-DT	45	I	No		Naples, FL	
WXCW-DT-HD	45	I-M	No		Naples, FL	
WXCW-DT2	45	I-M	No		Naples, FL	
WXCW-DT3	46	I-M	No		Naples, FL	
WXEL-DT	27	E	Yes	O	Boynton Beach, FL	
WXEL-DT-HD	27	E-M	Yes	E	Boynton Beach, FL	
WZVN-DT	41	N	No		Naples, FL	
WZVN-DT-HD	41	N-M	No		Naples, FL	
WZVN-DT2	41	I-M	No		Naples, FL	
WZVN-DT3	41	I-M	No		Naples, FL	

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC		SYSTEM ID# 062253	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.			K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 160,764,699.26 (Amount of 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. \$ 160,764,699.26 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. This is your minimum fee. \$ 1,710,536.40		
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. \$ 164,572.64 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 12,486.05 Line 3. Add lines 1 and 2 and enter here. \$ 177,058.70		
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. \$ 1,710,536.40 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 \$ 1,711,261.40 EFT Trace # or TRANSACTION ID # 2852JV5K Remit this amount via electronic payment payable to Register of Copyrights. (See Circular 74 for more information)		

Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC		SYSTEM ID# 062253
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 137 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,107		
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 <u>Julie Laine, Comcast Cable Communications LLC</u> Telephone <u>215-286-2334</u> Address <u>One Comcast Center</u> (Number, street, rural route, apartment, or suite number) <u>Philadelphia, PA 19103</u> (City, town, state, zip) Email <u>Licensing_Office_Inquiries@comcast.com</u> 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 Florida/Georgia, LLC		SYSTEM ID# 062253	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 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here - x 200 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.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC					SYSTEM ID# 062253
-------------	--	--	--	--	--	------------------------------------

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	=
	÷	=		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 ●	➤	2.25
2. Number of DSEs from part 3 ●	➤	0.00
3. Number of DSEs from part 4 ●	➤	0.00

TOTAL NUMBER OF DSEs 2.25

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC						SYSTEM ID# 062253		Name			
Instructions: Block A must be completed. In block A: • If your answer is "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 is "No," complete blocks B and C below.										6	
BLOCK A: TELEVISION MARKETS											Computation of 3.75 Fee
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 Column 2: BASIS OF PERMITTED CARRIAGE 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.) 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			
WBEC-DT		0.25									
WXEL-DT		0.25									
WLRN-DT		0.25									
WPBT-DT		0.25									
								1.00			
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											
								0.00			
Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7)											

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

[illegible]

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC					SYSTEM ID# 062253
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 Florida/Georgia, LLC	SYSTEM ID# 062253	
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: Comcast of Florida/Georgia, LLC		SYSTEM ID# 062253	Name
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
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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC						SYSTEM ID# 062253		Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
FIRST SUBSCRIBER GROUP					SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA 1					COMMUNITY/ AREA 2				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	8 Computation of Base Rate Fee for Partially Distant Stations	
				WPBT-DT [C]	0.25				
				WXEL-DT [C]	0.25				
Total DSEs 0.00				Total DSEs 0.50					
Gross Receipts First Group \$ 84,321,808.73				Gross Receipts Second Group \$ 12,467,196.38					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 66,325.48					
THIRD SUBSCRIBER GROUP					FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 3					COMMUNITY/ AREA 4				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WBEC-DT [C]	0.25			WBEC-DT	0.25				
WPBT-DT [C]	0.25								
WXEL-DT [C]	0.25								
Total DSEs 0.75				Total DSEs 0.25					
Gross Receipts Third Group \$ 2,486,485.64				Gross Receipts Fourth Group \$ 604,517.71					
Base Rate Fee Third Group \$ 19,842.16				Base Rate Fee Fourth Group \$ 1,608.02					
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)								\$ 164,572.64	

LEGAL NAME OF OWNER OF CALLING SYSTEM: Comcast of Florida/Georgia, LLC							SYSTEM ID# 062253		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									8 Computation of Base Rate Fee for Partially Distant Stations
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA 5				COMMUNITY/ AREA 6					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE		
WXEL-DT [C]		0.25			WPBT-DT [C] 0.25				
					WXEL-DT [C] 0.25				
Total DSEs 0.25				Total DSEs 0.50					
Gross Receipts First Group \$ 12,571,500.92				Gross Receipts Second Group \$ 266,369.12					
Base Rate Fee First Group \$ 33,440.19				Base Rate Fee Second Group \$ 1,417.08					
SEVENTH SUBSCRIBER GROUP				EIGHTH SUBSCRIBER GROUP					
COMMUNITY/ AREA 7				COMMUNITY/ AREA 8					
CALL SIGN		DSE	CALL SIGN	DSE	CALL SIGN		DSE		
					WLRN-DT [C] 0.25				
					WPBT-DT [C] 0.25				
					WXEL-DT [C] 0.25				
Total DSEs 0.00				Total DSEs 0.75					
Gross Receipts Third Group \$ 42,791,217.82				Gross Receipts Fourth Group \$ 5,255,602.94					
Base Rate Fee Third Group \$ 0.00				Base Rate Fee Fourth Group \$ 41,939.71					
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)									

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Florida/Georgia, LLC						SYSTEM ID# 062253		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			
				WFGC-DT	0.25						
				WPXP-DT	1.00						
Total DSEs				0.00		Total DSEs				1.25	
Gross Receipts First Group				\$ 12,571,500.92		Gross Receipts Second Group				\$ 266,369.12	
Base Rate Fee First Group				\$ 0.00		Base Rate Fee Second Group				\$ 12,486.05	
SEVENTH SUBSCRIBER GROUP					EIGHTH SUBSCRIBER GROUP						
COMMUNITY/ AREA 7					COMMUNITY/ AREA 8						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Total DSEs				0.00		Total DSEs				0.00	
Gross Receipts Third Group				\$ 42,791,217.82		Gross Receipts Fourth Group				\$ 5,255,602.94	
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)										\$	