

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

SA3E
Long Form

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

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/21/2026	\$
	ALLOCATION NUMBER

Return completed workbook by
email to

coplicsoa@copyright.gov

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

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. 062717 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Verizon Virginia LLC 06271720261 062717 2026/1 9000 Junction Dr Annapolis Junction, MD USA 20701																																			
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: Verizon Fios TV (Norfolk, VA) VHO 9a</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number) Norfolk, VA 23513 (City, town, state, zip code)</td></tr></table>				1	IDENTIFICATION OF CABLE SYSTEM: Verizon Fios TV (Norfolk, VA) VHO 9a			2	MAILING ADDRESS OF CABLE SYSTEM: 3131 B Sewells Point Rd (Number, street, rural route, apartment, or suite number) Norfolk, VA 23513 (City, town, state, zip code)																										
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D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td colspan="2">CITY OR TOWN</td><td colspan="2">STATE</td></tr><tr><td colspan="2">VIRGINIA BEACH</td><td colspan="2">VA</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><td>SUB GRP#</td></tr><tr><td colspan="2">Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td colspan="2">Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td colspan="2">Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>				CITY OR TOWN		STATE		VIRGINIA BEACH		VA		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	SUB GRP#	Alda		MD	A	1	Alliance		MD	B	2	Gering		MD	B	3
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U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Verizon Virginia LLC**SYSTEM ID#**
062717

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 A**

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
WTKR	3	N	No		Norfolk, VA
WSKY	4	I	No		Manteo, NC
WVBT	43	I	No		Virginia Beach, VA
WGNT	27	I	No		Portsmouth, VA
WAVY	10	N	No		Portsmouth, VA
WTVZ	33	I	No		Norfolk, VA
WVEC	13	N	No		Hampton, VA
WPXV	49	I	No		Norfolk, VA
WHRO	15	E	No		Hampton-Norfolk, VA
WTPC	21	I	No		Virginia Beach, VA
WTKR-simulcast	3	N	No		Norfolk, VA
WSKY-simulcast	4	I	No		Manteo, NC
WVBT-simulcast	43	I	No		Virginia Beach, VA
WGNT-simulcast	27	I	No		Portsmouth, VA
WAVY-simulcast	10	N	No		Portsmouth, VA
WTVZ-simulcast	33	I	No		Norfolk, VA
WVEC-simulcast	13	N	No		Hampton, VA

U.S. Copyright Office

Verizon Virginia LLC

SYSTEM ID#
062717

Name

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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).

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

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

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

CHANNEL LINE-UP A

[illegible]

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC		SYSTEM ID# 062717	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.			K Gross Receipts
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$ 26,491,773.95 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 281,872.47 This is your minimum fee.		
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. \$ - Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. 0.00 Line 3. Add lines 1 and 2 and enter here. \$ -		
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. \$ 281,872.47 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 \$ 282,597.47 EFT Trace # or TRANSACTION ID # 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: Verizon Virginia LLC	SYSTEM ID# 062717
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 37 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 361	
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 Brandon Schreck Telephone (973) 229-6555 Address 9000 Junction Dr (Number, street, rural route, apartment, or suite number) Annapolis Junction, MD USA 20701 (City, town, state, zip) Email brandon.schreck@verizonwireless.com Fax (optional) _____	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ☐ (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ☒ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  X /s/ Paula M. Valdez 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: Paula M. Valdez Title: Assistant Secretary, Verizon Virginia LLC (Title of official position held in corporation or partnership) Date: August 28, 2026	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Verizon Virginia LLC	SYSTEM ID# 062717	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? ☒ NO ☐ YES. Enter the total here and list the satellite carrier(s) below. \$		P Special Statement Concerning Gross Receipts Exclusion
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment _____ x _____ Line 2 Multiply line 1 by the interest rate* and enter the sum here - x _____ days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		Q Interest Assessment

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