

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

SA3E
Long Form

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

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

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

Return completed workbook by
email to

coplicsoa@copyright.gov

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2026/1			Digitally signed by Licensing Section Date: 2026.09.30 11:54:37 -04'00'	
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. 006886				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Comcast of Philadelphia, Inc. See Attached List 00688620261 006886 2026/1 One Comcast Center Philadelphia, PA 19103				
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.				
	1	IDENTIFICATION OF CABLE SYSTEM:			
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)			
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. CITY OR TOWNSTATE City of PhiladelphiaPA Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE)STATECH LINE UPSUB GRP# AldaMDAB1 AllianceMDBB2 GeringMDBB3				

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 Philadelphia, Inc.			SYSTEM ID# 006886		
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#	First Community
City of Philadelphia	Philadelphia	PA	AA	1	
Abington Twp.	Montgomery	PA	AA	1	See instructions for additional information on alphabetization.
Aldan	Delaware	PA	AA	1	
Ambler Borough	Montgomery	PA	AB	1	Add rows as necessary.
Amity	Berks	PA	AB	3	
Aston Twp	Delaware	PA	AA	1	
Atglen	Chester	PA	AA	2	
Avondale Borough	Chester	PA	AA	2	
Bally	Berks	PA	AB	3	
Bechtelsville	Berks	PA	AB	3	
Bedminster	Bucks	PA	AB	1	
Bensalem	Bucks	PA	AB	1	
Bethel Township	Delaware	PA	AA	1	
Bethlehem	Northampton	PA	AB	3	
Birmingham Twp	Chester	PA	AA	1	
Birdsboro Borough	Berks	PA	AB	3	
Boyertown	Berks	PA	AB	3	
Bridgeport	Montgomery	PA	AB	1	
Bristol Borough	Bucks	PA	AB	1	
Bristol Township	Bucks	PA	AB	1	
Brookhaven	Delaware	PA	AA	1	
Bryn Athyn	Montgomery	PA	AA	1	
Buckingham	Bucks	PA	AB	1	
Caernarvon Township (Berks)	Berks	PA	AA	2	
Caln Township	Chester	PA	AA	2	
Chadds Ford Twp	Delaware	PA	AA	1	
Chalfont	Bucks	PA	AB	1	
Charlestown Township (West)	Montgomery	PA	AB	1	
Charlestown Township (East)	Chester	PA	AA	1	
Cheltenham Twp	Montgomery	PA	AA	1	
Chester City	Delaware	PA	AA	1	
Chester Heights	Delaware	PA	AA	1	
Chester Township	Delaware	PA	AA	1	
Clifton Heights	Delaware	PA	AA	1	
Coatesville	Chester	PA	AA	2	
Colebrookdale	Berks	PA	AB	3	
Collegeville	Montgomery	PA	AB	1	
Collingdale	Delaware	PA	AA	1	
Colwyn	Delaware	PA	AA	1	
Concord Township	Delaware	PA	AA	1	
Conshohocken	Montgomery	PA	AB	1	
Coopersburg Borough	Lehigh	PA	AB	3	
Darby Borough	Delaware	PA	AA	1	
Darby Township	Delaware	PA	AA	1	
Douglass (Berks)	Berks	PA	AB	3	
Douglass (Montgomery)	Montgomery	PA	AB	3	
Downingtown Borough	Chester	PA	AA	1	
Doylestown Borough	Bucks	PA	AB	1	
Doylestown Township	Bucks	PA	AB	1	
Dublin	Bucks	PA	AB	1	
Earl Twp	Berks	PA	AB	3	
East Bradford Twp	Chester	PA	AA	1	
East Brandywine Twp	Chester	PA	AA	2	
East Caln Twp	Chester	PA	AA	1	
East Coventry	Chester	PA	AB	3	
East Fallowfield Twp	Chester	PA	AA	2	
East Goshen Twp	Chester	PA	AA	1	
East Greenville	Montgomery	PA	AB	3	
East Lansdowne	Delaware	PA	AA	1	
East Marlboro Twp	Chester	PA	AA	1	
East Norriton	Montgomery	PA	AB	1	
East Nottingham Township	Chester	PA	AA	2	
East Pikeland	Chester	PA	AB	1	
East Rockhill	Bucks	PA	AB	1	
East Vincent	Chester	PA	AB	1	
East Whiteland Township	Chester	PA	AA	1	
Easton	Northampton	PA	AB	3	
Easttown Township	Chester	PA	AA	1	
Eddystone	Delaware	PA	AA	1	
Edgmont Township	Delaware	PA	AA	1	
Elverson Borough	Chester	PA	AA	2	
Emmaus Borough	Lehigh	PA	AB	3	

Falls Township	Bucks	PA	AB	1
Folcroft	Delaware	PA	AA	1
Forks Township	Northampton	PA	AB	3
Franconia	Montgomery	PA	AB	1
Franklin Twp	Chester	PA	AA	2
Freemansburg Borough	Northampton	PA	AB	3
Glenolden	Delaware	PA	AA	1
Green Lane	Montgomery	PA	AB	1
Hatboro Borough	Montgomery	PA	AB	1
Hatfield Borough	Montgomery	PA	AB	1
Hatfield Township	Montgomery	PA	AB	1
Haverford	Delaware	PA	AA	1
Hellertown Borough	Northampton	PA	AB	3
Hereford	Berks	PA	AB	3
Hilltown	Bucks	PA	AB	1
Honey Brook Borough	Chester	PA	AA	2
Honey Brook Township	Chester	PA	AA	2
Horsham Township	Montgomery	PA	AB	1
Hulmeville	Bucks	PA	AB	1
Ivyland	Bucks	PA	AB	1
Jenkintown Twp	Montgomery	PA	AA	1
Kennett Borough	Chester	PA	AA	1
Kennett Twp	Chester	PA	AA	1
Langhorne Borough	Bucks	PA	AB	1
Langhorne Manor Boro	Bucks	PA	AB	1
Lansdale Borough	Montgomery	PA	AB	1
Lansdowne	Delaware	PA	AA	1
Limerick	Montgomery	PA	AB	1
London Britain Twp	Chester	PA	AA	1
London Grove Twp	Chester	PA	AA	2
Lower Chichester	Delaware	PA	AA	1
Lower Frederick	Montgomery	PA	AB	1
Lower Gwynedd Twp	Montgomery	PA	AB	1
Lower Makefield Twp	Bucks	PA	AB	1
Lower Merion Twp	Montgomery	PA	AA	1
Lower Moreland Twp	Montgomery	PA	AA	1
Lower Oxford Township	Chester	PA	AA	2
Lower Pottsgrove	Montgomery	PA	AB	3
Lower Providence	Montgomery	PA	AB	1
Lower Salford	Montgomery	PA	AB	1
Lower Southampton	Bucks	PA	AB	1
Malvern Borough	Chester	PA	AA	1
Marcus Hook	Delaware	PA	AA	1
Marlborough	Montgomery	PA	AB	1
Marple Township	Delaware	PA	AA	1
Media Borough	Delaware	PA	AA	1
Middletown Township (Bucks Co)	Bucks	PA	AB	1
Middletown Township (Delaware Co)	Delaware	PA	AA	1
Milford	Bucks	PA	AB	1
Millbourne	Delaware	PA	AA	1
Modena Borough	Chester	PA	AA	2
Montgomery Twp	Montgomery	PA	AB	1
Morrisville	Bucks	PA	AB	1
Morton	Delaware	PA	AA	1
Narberth Borough	Montgomery	PA	AA	1
Nether Providence	Delaware	PA	AA	1
New Britain Borough	Bucks	PA	AB	1
New Britain Township	Bucks	PA	AB	1
New Garden Twp	Chester	PA	AA	1
New Hanover	Montgomery	PA	AB	3
New Hope	Bucks	PA	AB	1
New London Twp	Chester	PA	AA	2
Newlin Township	Chester	PA	AA	1
Newtown Borough	Bucks	PA	AB	1
Newtown Township (Bucks Co)	Bucks	PA	AB	1
Newtown Township (Delaware Co)	Delaware	PA	AA	1
Norristown	Montgomery	PA	AB	1
North Coventry	Chester	PA	AB	3
North Wales	Montgomery	PA	AB	1
Northampton	Bucks	PA	AB	1
Norwood	Delaware	PA	AA	1
Oley	Berks	PA	AB	3
Palmer Township	Northampton	PA	AB	3
Parkesburg Boro	Chester	PA	AA	2
Parkside	Delaware	PA	AA	1
Penn Township	Chester	PA	AA	2
Penndel Borough	Bucks	PA	AB	1
Pennsburg	Montgomery	PA	AB	3
Pennsbury Twp	Chester	PA	AA	1
Perkasie Borough	Bucks	PA	AB	1
Perkiomen	Montgomery	PA	AB	1
Phoenixville	Chester	PA	AB	1
Plumstead	Bucks	PA	AB	1
Plymouth Twp	Montgomery	PA	AB	1
Pocopson Twp	Chester	PA	AA	1
Pottstown	Montgomery	PA	AB	3
Prospect Park	Delaware	PA	AA	1
Quakertown	Bucks	PA	AB	1
Radnor	Delaware	PA	AA	1
Red Hill	Montgomery	PA	AB	3

Richland Township	Bucks	PA	AB	1
Richlandtown	Bucks	PA	AB	1
Ridley Park	Delaware	PA	AA	1
Ridley Township	Delaware	PA	AA	1
Rockledge Twp	Montgomery	PA	AA	1
Rose Valley	Delaware	PA	AA	1
Royersford	Montgomery	PA	AB	1
Rutledge	Delaware	PA	AA	1
Sadsbury	Chester	PA	AA	2
Salford	Montgomery	PA	AB	1
Schuylkill	Chester	PA	AB	1
Schwenksville	Montgomery	PA	AB	1
Sellersville	Bucks	PA	AB	1
Sharon Hill	Delaware	PA	AA	1
Silverdale	Bucks	PA	AB	1
Skippack	Montgomery	PA	AB	1
Solebury	Bucks	PA	AB	1
Souderton	Montgomery	PA	AB	1
South Coatesville Boro	Chester	PA	AA	2
South Coventry	Chester	PA	AB	3
Spring City	Chester	PA	AB	1
Springfield Township (Delaware Co)	Delaware	PA	AA	1
Springfield Township (Montgomery Co)	Montgomery	PA	AB	1
Swarthmore	Delaware	PA	AA	1
Telford	Montgomery	PA	AB	1
Thornbury Twp (Chester)	Chester	PA	AA	1
Thornbury Twp (Delco)	Delaware	PA	AA	1
Tinicum Township (Bucks Co)	Bucks	PA	AB	1
Tinicum Township (Delaware Co)	Delaware	PA	AA	1
Towamencin Twp	Montgomery	PA	AB	1
Trainer	Delaware	PA	AA	1
Trappe	Montgomery	PA	AB	1
Tredyffrin Township	Chester	PA	AA	1
Trumbauersville	Bucks	PA	AB	1
Tullytown	Bucks	PA	AB	1
Union Township (Berks Co)	Berks	PA	AB	3
Upland	Delaware	PA	AA	1
Upper Chichester	Delaware	PA	AA	1
Upper Darby	Delaware	PA	AA	1
Upper Dublin Twp	Montgomery	PA	AB	1
Upper Frederick	Montgomery	PA	AB	1
Upper Gwynedd Twp	Montgomery	PA	AB	1
Upper Hanover	Montgomery	PA	AB	3
Upper Makefield	Bucks	PA	AB	1
Upper Merion	Montgomery	PA	AB	1
Upper Moreland Twp	Montgomery	PA	AA	1
Upper Oxford Twp	Chester	PA	AA	2
Upper Pottsgrove	Montgomery	PA	AB	3
Upper Providence Twp (Delaware Co)	Delaware	PA	AA	1
Upper Providence Twp (Montgomery Co)	Montgomery	PA	AB	1
Upper Salford	Montgomery	PA	AB	1
Upper Saucon Township	Lehigh	PA	AB	3
Upper Southampton	Bucks	PA	AB	1
Upper Uwchlan Twp	Chester	PA	AA	2
Uwchlan	Chester	PA	AA	1
Valley Township	Chester	PA	AA	2
Wallace Township	Chester	PA	AA	2
Warminster	Bucks	PA	AB	1
Warrington Township	Bucks	PA	AB	1
Warwick	Bucks	PA	AB	1
Washington	Berks	PA	AB	3
West Bradford Twp	Chester	PA	AA	1
West Brandywine Twp	Chester	PA	AA	2
West Caln Twp	Chester	PA	AA	2
West Chester Borough	Chester	PA	AA	1
West Conshohocken	Montgomery	PA	AB	1
West Goshen Twp	Chester	PA	AA	1
West Grove Borough	Chester	PA	AA	2
West Nottingham Township	Chester	PA	AA	2
West Nantmeal Twp	Chester	PA	AA	2
West Norriton	Montgomery	PA	AB	1
West Pikeland Twp	Chester	PA	AA	1
West Pottsgrove	Montgomery	PA	AB	3
West Rockhill	Bucks	PA	AB	1
West Sadsbury Twp	Chester	PA	AA	2
West Vincent Twp	Chester	PA	AA	1
West Whiteland Twp	Chester	PA	AA	1
Westtown Township	Chester	PA	AA	1
Whitemarsh Twp	Montgomery	PA	AB	1
Whitpain Twp	Montgomery	PA	AB	1
Willistown Township	Chester	PA	AA	1
Worcester Twp	Montgomery	PA	AB	1
Wrightstown	Bucks	PA	AB	1
Yardley Borough	Bucks	PA	AB	1
Yeadon	Delaware	PA	AA	1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.					SYSTEM ID# 006886	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 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	
KYW-DT	26	N	No		Philadelphia, PA	
KYW-DT2	26	I-M	No		Philadelphia, PA	
KYW-DT3	26	I-M	No		Philadelphia, PA	
KYW-DTHD	26	N-M	No		Philadelphia, PA	
WACP-DT	4	I	No		Atlantic City, NJ	
WACP-DTHD	4	I-M	No		Atlantic City, NJ	
WBPH-DT	9	I	No		Bethlehem, PA	
WBPH-DTHD	9	I-M	No		Bethlehem, PA	
WCAU-DT	34	N	No		Philadelphia, PA	
WCAU-DT2	34	I-M	No		Philadelphia, PA	
WCAU-DT3	34	I-M	No		Philadelphia, PA	
WCAU-DTHD	34	N-M	No		Philadelphia, PA	
WDPN-DT	2	I	No		WILMINGTON, DE	
WDPN-DT4	2	I-M	No		WILMINGTON, DE	
WDPN-DT6	2	I-M	No		WILMINGTON, DE	
WDPN-DTHD	2	I-M	No		WILMINGTON, DE	
WFMZ-DT	21	I	No		Allentown, PA	
WFMZ-DT2	21	I-M	No		Allentown, PA	
WFMZ-DTHD	21	I-M	No		Allentown, PA	
WHYY-DT	12	E	No		Wilmington, DE	
WHYY-DT2	12	E-M	No		Wilmington, DE	
WHYY-DT3	12	E-M	No		Wilmington, DE	
WHYY-DTHD	12	E-M	No		Wilmington, DE	
WLVT-DT	9	E	No		Allentown, PA	
WLVT-DT3	9	E-M	No		Allentown, PA	
WLVT-DT4	9	E-M	No		Allentown, PA	
WLVT-DTHD	9	E-M	No		Allentown, PA	
WMCN-DT	12	I	No		Princeton, NJ	
WMCN-DTHD	12	I-M	No		Princeton, NJ	
WNJS-DT	22	E	Yes	O	Camden, NJ	
WNJS-DT2HD	22	E-M	Yes	E	Camden, NJ	
WNJS-DTHD	22	E-M	Yes	E	Camden, NJ	
WPHL-DT	17	I	No		Philadelphia, PA	
WPHL-DT2	17	I-M	No		Philadelphia, PA	
WPHL-DT3	17	I-M	No		Philadelphia, PA	
WPHL-DT4	17	I-M	No		Philadelphia, PA	
WPHL-DTHD	17	I-M	No		Philadelphia, PA	
WPPT-DT	9	E	No		Philadelphia, PA	
WPPT-DT2	9	E-M	No		Philadelphia, PA	
WPPX-DT	31	I	No		Wilmington, DE	
WPPX-DTHD	31	I-M	No		Wilmington, DE	
WPSG-DT	32	I	No		Philadelphia, PA	
WPSG-DTHD	32	I-M	No		Philadelphia, PA	
WPVI-DT	6	N	No		Philadelphia, PA	
WPVI-DT2HD	6	N-M	No		Philadelphia, PA	
WPVI-DTHD	6	N-M	No		Philadelphia, PA	
WTVE-DT	25	I	No		Reading, PA	
WTVE-DTHD	25	I-M	No		Reading, PA	
WTXF-DT	42	I	No		Philadelphia, PA	
WTXF-DT2	42	I-M	No		Philadelphia, PA	
WTXF-DT4	42	I-M	No		Philadelphia, PA	
WTXF-DTHD	42	I-M	No		Philadelphia, PA	

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.				SYSTEM ID# 006886	Name	
PRIMARY TRANSMITTERS: TELEVISION					G 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 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
KYW-DT	26	N	No			Philadelphia, PA
KYW-DT2	26	I-M	No			Philadelphia, PA
KYW-DT3	26	I-M	No			Philadelphia, PA
KYW-DTHD	26	N-M	No			Philadelphia, PA
WACP-DT	4	I	No			Atlantic City, NJ
WACP-DTHD	4	I-M	No			Atlantic City, NJ
WBPH-DT	9	I	No			Bethlehem, PA
WBPH-DTHD	9	I-M	No			Bethlehem, PA
WCAU-DT	34	N	No			Philadelphia, PA
WCAU-DT2	34	I-M	No			Philadelphia, PA
WCAU-DT3	34	I-M	No			Philadelphia, PA
WCAU-DTHD	34	N-M	No			Philadelphia, PA
WDPN-DT	2	I	No			WILMINGTON, DE
WDPN-DT4	2	I-M	No			WILMINGTON, DE
WDPN-DT6	2	I-M	No			WILMINGTON, DE
WDPN-DTHD	2	I-M	No			WILMINGTON, DE
WFMZ-DT	21	I	No		Allentown, PA	
WFMZ-DT2	21	I-M	No		Allentown, PA	
WFMZ-DTHD	21	I-M	No		Allentown, PA	
WHYY-DT	12	E	No		Wilmington, DE	
WHYY-DT2	12	E-M	No		Wilmington, DE	
WHYY-DT3	12	E-M	No		Wilmington, DE	
WHYY-DTHD	12	E-M	No		Wilmington, DE	
WLVT-DT	9	E	No		Allentown, PA	
WLVT-DT3	9	E-M	No		Allentown, PA	
WLVT-DT4	9	E-M	No		Allentown, PA	
WLVT-DTHD	9	E-M	No		Allentown, PA	
WMCN-DT	12	I	No		Princeton, NJ	
WMCN-DTHD	12	I-M	No		Princeton, NJ	
WNJT-DT	43	E	Yes	O	Trenton, NJ	
WNJT-DT2HD	43	E-M	Yes	E	Trenton, NJ	
WNJT-DTHD	43	E-M	Yes	E	Trenton, NJ	
WPHL-DT	17	I	No		Philadelphia, PA	
WPHL-DT2	17	I-M	No		Philadelphia, PA	
WPHL-DT3	17	I-M	No		Philadelphia, PA	
WPHL-DT4	17	I-M	No		Philadelphia, PA	
WPHL-DTHD	17	I-M	No		Philadelphia, PA	
WPPT-DT	9	E	No		Philadelphia, PA	
WPPT-DT2	9	E-M	No		Philadelphia, PA	
WPPX-DT	31	I	No		Wilmington, DE	
WPPX-DTHD	31	I-M	No		Wilmington, DE	
WPSG-DT	32	I	No		Philadelphia, PA	
WPSG-DTHD	32	I-M	No		Philadelphia, PA	
WPVI-DT	6	N	No		Philadelphia, PA	
WPVI-DT2HD	6	N-M	No		Philadelphia, PA	
WPVI-DTHD	6	N-M	No		Philadelphia, PA	
WTVE-DT	25	I	No		Reading, PA	
WTVE-DTHD	25	I-M	No		Reading, PA	
WTFX-DT	42	I	No		Philadelphia, PA	
WTFX-DT2	42	I-M	No		Philadelphia, PA	
WTFX-DT4	42	I-M	No		Philadelphia, PA	
WTFX-DTHD	42	I-M	No		Philadelphia, PA	

[illegible]

[illegible]

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.		SYSTEM ID# 006886	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. \$ 100,782,719.66 (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. \$ 100,782,719.66 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. \$ 1,072,328.14 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. \$ 24,959.67 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. \$ 24,959.67		
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. \$ 1,072,328.14 Line 2. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) 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 \$ 1,073,053.14 EFT Trace # or TRANSACTION ID # 28520Q7M 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 Philadelphia, Inc.	SYSTEM ID# 006886
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 57 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 1,079	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Julie Laine, Comcast Cable Communications, LLC Telephone (215) 286-2334 Address One Comcast Center (Number, street, rural route, apartment, or suite number) Philadelphia, PA 19103 (City, town, state, zip) Email Licensing_Office_Inquiries@Comcast.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ☐ (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or ☒ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  X /s/ Joseph Lance Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F2" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: JOSEPH LANCE Title: VICE PRESIDENT - REGULATORY ACCOUNTING (Title of official position held in corporation or partnership) Date: March 27, 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 Philadelphia, Inc.	SYSTEM ID# 006886	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? ☒ NO ☐ YES. Enter the total here and list the satellite carrier(s) below. \$ 		P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 	Name Mailing Address 	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L (page 7) \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period ID number 		Q Interest Assessment

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.					SYSTEM ID# 006886		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by “LAC” in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the “basis of carriage value” for the station. Column 5: For each independent station, give the “type-value” as “1.0.” For each network or noncommercial educational station, give the type-value as “.25.” Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station’s DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
		÷	=	x	=			
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00				
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter “P” in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word “Yes” in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station’s DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,				0.00				
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●			▶	0.50			
	2. Number of DSEs from part 3 ●			▶	0.00			
	3. Number of DSEs from part 4 ●			▶	0.00			
TOTAL NUMBER OF DSEs				▶				0.50

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.						SYSTEM ID# 006886		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 Computation of 3.75 Fee	
BLOCK A: TELEVISION MARKETS									
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? ☐ Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7. ☒ No—Complete blocks B and C below.									
BLOCK B: CARRIAGE OF PERMITTED DSEs									
Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.) Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 M Retransmission of a distant multicast stream. Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule. *(Note: For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)									
1. CALL SIGN		2. PERMITTED BASIS		3. DSE					
1. CALL SIGN		2. PERMITTED BASIS		3. DSE					
1. CALL SIGN		2. PERMITTED BASIS		3. DSE					
WNJS-DT		C		0.25					
WNJT-DT		C		0.25					
								0.50	
BLOCK C: COMPUTATION OF 3.75 FEE									
Line 1: Enter the total number of DSEs from part 5 of this schedule									
Line 2: Enter the sum of permitted DSEs from block B above									
Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate. (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule)									
0.00									
Line 4: Enter gross receipts from space K (page 7)									
x 0.0375									
Line 5: Multiply line 4 by 0.0375 and enter sum here									
x									
Line 6: Enter total number of DSEs from line 3									
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 Philadelphia, Inc.	SYSTEM ID# 006886	
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 Philadelphia, Inc.	SYSTEM ID# 006886	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 Philadelphia, Inc.				SYSTEM ID# 006886				Name	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of Base Rate Fee for Partially Distant Stations	
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 1				COMMUNITY/ AREA Subgroup 2					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WNJS-DT	0.25				
Total DSEs 0.00				Total DSEs 0.25					
Gross Receipts First Group \$ 91,399,386.01				Gross Receipts Second Group \$ 3,602,075.65					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 9,581.52					
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP					
COMMUNITY/ AREA Subgroup 3				COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
WNJT-DT	0.25								
Total DSEs 0.25				Total DSEs 0.00					
Gross Receipts Third Group \$ 5,781,258.01				Gross Receipts Fourth Group \$ 0.00					
Base Rate Fee Third Group \$ 15,378.15				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)						\$ 24,959.67			

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER OF CABLE SYSTEM: Comcast of Philadelphia, Inc.						SYSTEM ID# 006886		Name		
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									8 Computation of 3.75 Fee for Partially Distant Stations	
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 1				COMMUNITY/ AREA Subgroup 2						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs				0.00	Total DSEs					0.00
Gross Receipts First Group	\$			91,399,386.01	Gross Receipts Second Group	\$				3,602,075.65
Base Rate Fee First Group	\$			0.00	Base Rate Fee Second Group	\$			0.00	
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA Subgroup 3				COMMUNITY/ AREA 0						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Total DSEs				0.00	Total DSEs				0.00	
Gross Receipts Third Group	\$			5,781,258.01	Gross Receipts Fourth Group	\$			0.00	
Base Rate Fee Third Group	\$			0.00	Base Rate Fee Fourth Group	\$			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)									0.00	