This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instruc	ms (Short Form) ctions are located of this workbook	02/02/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent o		diary of another corporation, give the full con	rporate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty for		he last day of the accounting period should s ing period.	submit a
	Check here if this is the system's first filin			62373
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	PEMBROKE ADVANCED COMMUN	CATIONS		
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO BOX 10 (Number, street, rural route, apartment, or suite r	number)		
	PEMBROKE GA 31321-001 (City, town, state, zip)	10		
	INSTRUCTIONS: In line 1, give any busin	and ar trade names used to iden	tify the business and exerction of the	avetem unloss those
С	names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	iumber)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 11 SYSTEM ID:
Name		
	PEMBROKE ADVANCED COMMUNICATIONS	6237
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter know
Area Served	identified city.	nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	BRYAN COUNTY (NORTH)	GA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							2E. PAGE
Name	PEMBROKE ADVANCE			IS			515	6237
Е	SECONDARY TRANSMISSION In General: The information in s				idary transmission	service of tl	he cable	
	system, that is, the retransmission	-		-	•			
Secondary	about other services (including p					those existi	ing on the	
Fransmission	last day of the accounting period	· ·		,	, ,	h.l	harling.	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•						
Rates	each category by counting the n	•						
	separately for the particular serv Rate: Give the standard rate of	vice at the rate	indicated-	not the number of	sets receiving ser	/ice).	-	
	unit in which it is generally billed	• •	,		ndard rate variatior	is within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				secondary transmi	ssion servic	e that cable	
	systems most commonly provide	•		•				
	that applies to your system. Not							
	categories, that person or entity	should be cou	nted as a s	ubscriber in each	applicable category	. Example:	a residential	
	subscriber who pays extra for ca					nder "Servio	ce to the	
	first set" and would be counted of					different fr	om those	
	Block 2: If your cable system printed in block 1 (for example, t	•		,				
	with the number of subscribers a				•			
	sufficient.	, .	5					
	BLC	OCK 1 NO. OF				BLOCK	2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE C	ATEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set			PRIN	ΛE		1,157	18.0
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC In General: Space F calls for ra				to all your cable sy	stom's conv	icos that woro	
F	not covered in space E, that is, t							
	service for a single fee. There are				,	,		
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually bil	ed. If any rates are	e charged on a var	iable per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the		he cable s	stem for each of t	he applicable servi	ces listed		
•							were not	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that				ing the accounting			
ransmissions:	Block 1: Give the standard rate	t your cable sy		le or established.			e form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	t your cable sy separate charg	ge was mao				e form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	ge was mad de the rate				BLOCK 2	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sy separate charge ption and inclue	e was mad de the rate CK 1 CATEGOR	for each. RY OF SERVICE	List these other set	vices in the		RATI
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate charg ption and includ BLO0	ge was mad de the rate CK 1 CATEGOR Installatic	for each. RY OF SERVICE n: Non-residentia	List these other set	Vices in the	BLOCK 2 DRY OF SERVICE	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg ption and includ BLO0	de was mad de the rate CK 1 CATEGOR Installatic • Motel,	for each. RY OF SERVICE n: Non-residentia hotel	List these other set	CATEGC	BLOCK 2 DRY OF SERVICE	79.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm	for each. RY OF SERVICE n: Non-residentia hotel ercial	List these other set	CATEGC	BLOCK 2 DRY OF SERVICE	79.0 ###
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg ption and includ BLO0	de was mad de the rate CK 1 CATEGOR Installatic • Motel,	for each. RY OF SERVICE n: Non-residentia hotel ercial	List these other set	CATEGC CATEGC CHOICE PREMIL HBO	BLOCK 2 DRY OF SERVICE	RATI 79.0 ###1 18.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca	for each. RY OF SERVICE n: Non-residentia hotel ercial	List these other set	CATEGC CHOICE PREMIL HBO CINEMA	BLOCK 2 DRY OF SERVICE	79.0 ### 18.0 15.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca	for each. <u>PY OF SERVICE</u> n: Non-residentia hotel ercial ble ble-add'I channel	List these other set	CATEGO CATEGO CHOICE PREMIU HBO CINEMA STARZ	BLOCK 2 DRY OF SERVICE JM	79.0 #### 18.0 15.0 12.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	for each. <u>PY OF SERVICE</u> n: Non-residentia hotel ercial ble ble-add'I channel	List these other set	CATEGO CATEGO CHOICE PREMIL HBO CINEMA STARZ SHOWT	BLOCK 2 DRY OF SERVICE E JM AX	79.0 ### 18.0 15.0 12.0 15.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOR Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	for each. PY OF SERVICE n: Non-residentia hotel ercial ble ble-add'l channel otection r protection	List these other set	CATEGO CATEGO CHOICE PREMIU HBO CINEMA STARZ	BLOCK 2 DRY OF SERVICE E JM AX	79.0 #### 18.0 15.0 12.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sy separate charg ption and includ BLO0	ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	for each. RY OF SERVICE n: Non-residentia hotel ercial ble ble-add'l channel otection r protection vices:	List these other set	CATEGO CATEGO CHOICE PREMIL HBO CINEMA STARZ SHOWT	BLOCK 2 DRY OF SERVICE E JM AX	79.0 ### 18.0 15.0 12.0 15.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charg ption and includ BLO0	ge was mad de the rate CK 1 CATEGOF Installatic • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	for each. AY OF SERVICE n: Non-residentia hotel ercial ble ble-add'l channel otection r protection vices: nect	List these other set	CATEGO CATEGO CHOICE PREMIL HBO CINEMA STARZ SHOWT	BLOCK 2 DRY OF SERVICE E JM AX	79.0 ### 18.0 15.0 12.0 15.0
ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charg ption and includ BLO0	e was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	for each. AY OF SERVICE n: Non-residentia hotel ercial ble ble-add'l channel otection r protection vices: nect	List these other set	CATEGO CATEGO CHOICE PREMIL HBO CINEMA STARZ SHOWT	BLOCK 2 DRY OF SERVICE E JM AX	79.0 ### 18.0 15.0 12.0 15.0

ccounting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	PEMBROKE ADVANC	ED COMMUNICATIONS		62373
R Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (fr a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination I with a station according to its over-th he form. al number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	of (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial indent), "I-M" onal multicast). s licensed by the
	FCC. For Mexican or Canao	 dian stations, if any, give the name of the n	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
	WSAV/NBC	3	N	SAVANNAH GA
	WVAN/PBS	9	E	SAVANNAH-PEMBROKE GA
s Necessary	WTOC/CBS		N	SAVANNAH GA
vecessary	WJCL/ABC	22	N	SAVANNAH GA
	WTGS/FOX	28	N	SAVANNAH GA
		20		

EGAL NAME OF			AMUNICATIONS					SYSTEM I 623
	every radio s	tation ca	arried on a separate and discrence of the second seco					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE OIGH		0,0		GREE GIGIN		0,0		
						·		

Accounting Perio	od: 2017/2						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	PEMBROKE ADVANC		IUNICATIO	NS				62373
	SUBSTITUTE CARRIAG							
1			-		-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar m			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	ur cable system	in carry, on a substitute ba	sis, any noni	network tei	evision prog	
Program Log	broadcast by a distant sta	tion?				l	YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if t	their meaning	g is
	clear. If you need more spa							
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progre		sxumpic,	LOVE LUDY	01
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car			e community with which the stem carried the substitute			le with the n	aanth
	first. Example: for May 7 gi		when your sy		e program. O	se numera		Ionun
			e substitute pr	ogram was carried by you	r cable syste	m. List the	times accura	ately
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	" D " : (()						
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s and regul		
		-						1
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH AND DAY	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAT	FROM	— то	
							_	
							_	
								
							_	
							_	
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							_	
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							_	
							-	
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							_	
							_	

Name PEMBROKE ADVANCED COMMUNICATIONS K 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 located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	YSTEM ID# 62373
K 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 located in the paper SA1-2 form. Gross receipts 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. \$ 12 Copyright Royalty Fee COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less • Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mont accounting period is \$52.00 Line 1. Royalty fee for accounting period . \$ Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . \$	
L Instructions: To compute the royalty fee you owe: Copyright Royalty Fee : Complete block 1, block 2, or block 3. . Use block 1 if the amount of gross receipts in space K is \$137,100 or less . Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 . Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon' accounting period is \$52.00 Line 1. Royalty fee for accounting period \$ Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	4,596.00
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00 Line 1. Royalty fee for accounting period	
accounting period is \$52.00 Line 1. Royalty fee for accounting period	
Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	52.00
	0.00
	52.00
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrig See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PEMBROKE ADVANCED COMMUNICATIONS	SYSTEM ID# 62373
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	5 289
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name MARY ANNA B HITE	912/653-4389
Information	Address PO BOX 10 (Number, street, rural route, apartment, or suite number) PEMBROKE GA 31321-0010 (City, town, state, zip)	
	Email MAHITE@PEMTELCO.COM Fax (optional) 912/653-292	9
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereiar 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)] 	system as identified vner of the cable system
	X /Mary Anna B Hite/ Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: MARY ANNA B HITE Title: SECRETARY-TREASURER	
	(Title of official position held in corporation or partnership) Date: 02/02/2018	

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unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IBROKE ADVANCED COMMUNICATIONS	623
 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 sub scribers 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 located in the paper SA1-2 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 	Concerning Gros Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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 located in the paper SA1-2 form.	
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th 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 fling, a determination that would be made by a court of law.