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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY									
FOR COPYRIGHT OFFICE USE ONLY									
DATE RECEIVED AMOUNT									
\$ ALLOCATION NUM	IBER								

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		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.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		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.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Smart City Solutions LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 22555 / 3100 Bonnet Creek Road
		(Number, street, rural route, apartment, or suite number)
		Lake Buena Vista, FL 32830-2555 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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.

Accounting Period:	2017/2	_
Accounting Feriou.	2017/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Smart City Solutions LLC	63443
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 h	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	Winter Park	Florida
Community	Altamonte Springs	Florida
	Orlando	Florida
Add Rows as Necessary	Celebration	Florida

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Smart City Solutions LLC

63443

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:	SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SOBSCRIBERS	IVAIL			
Service to first set								
Service to additional set(s)								
• FM radio (if separate rate)								
Motel, hotel								
Commercial	650	\$58.42						
Converter								
Residential								
Non-residential								
			I .	1				

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$58.42		
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul><li>First set</li></ul>		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			)

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63443

**Smart City Solutions LLC** 

G

# Primary Transmitters: Television

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.

**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 multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WESH	11	N	DAYTONA BEACH, FLORIDA
WFTV	39	N	ORLANDO, FLORIDA
WKCF	17	1	CLERMONT, FLORIDA
WKMG	26	N	ORLANDO, FLORIDA
WUCF	23	E	ORLANDO, FLORIDA
WOFL	22	N	ORLANDO, FLORIDA
WOPX	48	l	ORLANDO, FLORIDA
WOTF	43	1	MELBOURNE, FLORIDA
WRBW	41	l	ORLANDO, FLORIDA
WRDQ	27	1	ORLANDO, FLORIDA
WESH-HD	11	N	DAYTONA BEACH, FLORIDA
WFTV-HD	39	N	ORLANDO, FLORIDA
WKCF-HD	17	1	CLERMONT, FLORIDA
WKMG-HD	26	N	ORLANDO, FLORIDA
WUCF-HD	23	E	ORLANDO, FLORIDA
WOFL-HD	22	N	ORLANDO, FLORIDA
WRBW-HD	41	1	ORLANDO, FLORIDA
WRDQ-HD	27	I	ORLANDO, FLORIDA
WVEN	49	l	ORLANDO, FLORIDA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## **Smart City Solutions LLC**

63443

## PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATE  CALL SIGN AM OR FM S/D LOCATION OF STATE  CALL SIGN AM OR FM S/D LOCATI	ΓΙΟΝ

Accounting Perio							FOR	M SA1-2E. PAGE 5.				
Name	LEGAL NAME OF OWNER OF Smart City Solutions L		ГЕМ:					SYSTEM ID# 63443				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.											
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or											
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	Bulls."  In was broad sign of the static adian static adian static attempts and the static adian static attempts and the static adian static attempts and the static armines are "R" if the and regulation in that y	dcast live, enter station broadca on's location (the ons, if any, the of when your syst substitute program program carried listed program ons in effect du	r "Yes." Otherwise enter ' sting the substitute prograte community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for prograing the accounting perio	No." e station is lice e station is ide e program. Use r cable system :15 p.m. to 6:2 ramming that id; enter the le	ensed by the ntified). e numerals, i. List the tim 28:30 p.m. s your system tter "P" if the	e FCC or, in with the mornes accurate hould be was require a listed progr	ly				
	S	UBSTITUT	E PROGRAM	I	1 1	EN SUBSTI		7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION				
		<u> </u>		(								

ccounting Period:	· 				A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Smart City Solutions LLC			S	YSTEM ID 6344					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the for all amounts (gross receipts) paid to your cable system by subscrit (as identified in space E) during the accounting period. For a furth page (vii) of the general instructions located in the paper SA1-2 fc Gross receipts from subscribers for secondary transmissions during the accounting period.  IMPORTANT: You must complete a statement in space P concer	bers for the syste ner explanation of orm. service(s)	m's secondary tr how to compute	ansmission service this amount, see	7,650.14					
L 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.  Use block 2 if the amount of gross receipts in space K is more that Use block 3 if the amount of gross receipts in space K is more that See page (vi) of the general instructions located in the paper SA1-2 for	an \$137,100 but le an \$263,800 but le	ess than \$527,60							
	BLOCK 1: GROSS RECEIPT	TS OF \$137,100	OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or les 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			0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PER	RIOD Add lines 1	and 2	· · · · · · <u> </u>						
	BLOCK 2: GROSS RECEIPTS OF \$263,8	300 OR LESS (b	ut more than \$1	37,100)						
	Base amount under statutory formula	<u>\$</u>	263,800.	00_						
	Enter amount of gross receipts from space K	<u>\$</u>	227,650.	14_						
	3. Subtract line 2 from line 1	<u>\$</u>	36,149.	<u> 86</u>						
	4. Enter the amount of gross receipts from space K		<u>\$</u>	227,650.14						
	5. Enter the amount from line 3		\$	36,149.86						
	6. Subtract line 5 from line 4		\$	191,500.28						
	7. Multiply line 6 by .005 (enter figure here)			\$	957.50					
	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)						
	Enter the amount of gross receipts from space K									
	Base amount under statutory formula			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		-							
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.									
	FILING FEE AND TOTAL REMIT	TANCE DUE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, a	above)	<u>\$</u>	957.50						
Due	Filing Fee (See the instructions for more information on filing fee ca	alculations)	<u>\$</u>	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines	2 and 3		\$	977.50					
	Important: Your remittance must be in the form of an elec See page i of the general instructions in the		-		jhts!					

Accounting Period:	2017/2																	FO	RM SA1-	2E. PA	AGE 7
Name	LEGAL NAME OF OWNER Smart City Solutions																		SY	STEN 63	M ID# 3443
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 and nonbroadcast services.  56																				
N Individual to Be Contacted		ONTACTED IF FURTH his statement of accoun		ORM	RMAT	TION IS	S NEED	DED (Ide	entify aı	n indi	ividua	ıl to wh	hom								
for Further Information	Name <b>Deb</b>	bie Huttenhower											T	elephor	ne <b>40</b> 7	7-828-	6656	<b>)</b>			
	(Numl	ber, street, rural route, apartr te Buena Vista, FL town, state, zip)	ment, or sui	suite n	e numb	ber)	Road														
	Email	dhuttenhower@	smartcit	cityte	/telec	com.co	m				Fax	(optio	nal)								
O Certification	(Agent of ow in line 1 c	r than corporation or partner other than corporation for partner) I am an officer (if of space B.  atement of account and incorrect to the best of my 1(1986)]  Typed or printed  Title:	artnership tion or pa wner is no f a corpora hereby dec knowledge	partinnot a pratio	rtners t a con tition) o  /s/  /s/  Jan ance	James onic sign using a	boxes.)  In a man the end of the control of the con	the cable duly autirtnership a partnership a partnership a partnership and the limit a	horized b; or ership) c at all sta d are m  her e above " (e.g.,	m as i ageni ageni fithe	legal entify to good	entity if fact conditions of distributions.	er of the	of space e cable ed as ov	B; or systen			em			

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counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
mart City Solutions LLC	63443
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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 NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name  Mailing Address  Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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@loc.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, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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