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						
DATE RECEIVED	AMOUNT					
8/27/2018	\$ ALLOCATION NUMBER					

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	ACCC	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
		BellSouth Telecommunications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1010 N. St. Mary's Street, Room 13-59-B
		(Number, street, rural route, apartment, or suite number) San Antonio, TX 78215-2109 (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 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:
	<u> </u>	MALLING ADDRESS OF CARLE SYSTEM.
	2	MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	1	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM						
Name		635						
	BellSouth Telecommunications, LLC							
	Instructions: List each separate community served by the cable system. A "community							
D	"a separate and distinct community or municipal entity (including unincorporated com							
_	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 kno						
	as the "first community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	Panama City	FL						
Community	Bay Unincorporated County	FL						
	Callaway	FL						
	Lynn Haven	FL						
d Rows as Necessary	Denome City Beach							
	Panama City Beach	FL						
	Parker	FL						
	Springfield	FL						

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63596

Name

BellSouth Telecommunications, LLC

Ε

Service: Subscribers and

Rates

Secondary Transmission

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			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	500	\$19	HD Tech Fee	439	\$10.00	
 Service to additional set(s) 			Set-Top Box	500	\$0-\$15	
					\$4.99-	
FM radio (if separate rate)			Broadcast TV Surcharge	500	\$5.99	
Motel, hotel						
Commercial	0	\$20				
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
					\$0 -
Pay cable		Motel, hotel		Video on Demand	\$100
-					\$0
 Pay cable—add'l channel 	\$5-\$199	Commercial		Service Activation Fee	\$35
-					\$0
Fire protection		• Pay cable		Credit Management Fe	\$449
Burglar protection		Pay cable-add'l channel		Dispatch on Demand \$	99-\$149
					\$10
Installation: Residential		Fire protection		Wireless Receiver	\$49
 First set 	\$0-\$199	Burglar protection		HD Premium Tier	\$7
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$50
 FM radio (if separate rate) 		Reconnect	\$0-\$35	Vacation Hold	7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63596

BellSouth Telecommunications, 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
WECP-LD/WECPLH	18/1018	N	Panama City, FL
WECPL2/WECPH2	18/1018	l	Panama City, FL
WFSG/WFSGHD	56/1056	E	Panama City, FL
WJHG/WJHGHD	7/1007	N	Panama City, FL
WJHGD2/WJHGH2	7/1007	<u> </u>	Panama City, FL
WMBB/WMBBHD	13/1013	N	Panama City, FL
WPCT/WPCTHD	47/1047	l	Panama City, FL
WPGX/WPGXHD	28/1028	<u>l</u>	Panama City, FL
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	•		
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

BellSouth Telecommunications, LLC

63596

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 STATION
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Accounting Perio	d: 2018/1 LEGAL NAME OF OWNER OF	CADLE OVO	TENA:				FOR	RM SA1-2E. PAGE 5.
Name	BellSouth Telecommu							SYSTEM ID# 63596
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identisubstitute basis during the acexplanation of the programmi 1. SPECIAL STATEMENT During the accounting peristroadcast by a distant state Note: If your answer is "No" log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se	F: SPECIA fy every non coounting pering that must r CONCER and, did you tion? r, leave the E PROGRA itute progra ce, please a of every non distant stati gulations, o es like "mo Bulls."	AL STATEMENT IN THE PROPERTY OF THE PROPERTY O	sion program, broadcast be ecific present and former For this log, see page (v) of the tribute of this log, see page (v) of the tribute of this log, see page (v) of the tribute of this log, see page (v) of the gent of the tribute of the tribute of the tribute of this log, is see page (v) of the gent of the tribute of the tribute of this log, see page (v) of the gent of the tribute of the tribute of this log, see page (v) of the gent of the tribute of the tribute of the tribute of this log, see page (v) of the gent of the tribute of the tribute of this log, see page (v) of the gent of the tribute of	by a distant state CC rules, regulate peneral instruction of the program") that led for the program titles, for extending the control of the program of the	lations, or au ructions in the stwork televis ust complete ssible, if their at, during the gramming of ns for furthe	sion program YES the program r meaning is accounting another star informatio	em carried on a . For a further -2 form. M X NO m
	Column 4: Give the broathe case of Mexican or Cancolumn 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	dcast static adian static th and day re "5/7." es when the Example: a er "R" if the nd regulatic iming that y	on's location (the ons, if any, the owner your system is substitute proprogram carried listed program ons in effect du	ne community to which the community with which the tem carried the substitute gram was carried by you ed by a system from 6:01 was substituted for progring the accounting perios permitted to delete und	e station is lice e station is ider e program. Use r cable system :15 p.m. to 6:2 ramming that y id; enter the let ler FCC rules a	ntified). e numerals, v . List the tim 28:30 p.m. sh your system tter "P" if the	with the mones accurate nould be was require listed programs in	ely
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES TO	DELETION

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				S	YSTEM II			
Name	BellSouth Telecommunications, LL	_C				6359			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this sp all amounts (gross receipts) paid to your ca (as identified in space E) during the accour page (vii) of the general instructions locate Gross receipts from subs	able system by subscribers for the nting period. For a further explana od in the paper SA1-2 form. econdary transmission service(s)	e system' ation of ho	s secondary trans ow to compute th	smission servicis amount, see	ce			
	during the accounting period IMPORTANT: You must complete a stater				(Amount of gr	7,862.73 oss receipts)			
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts Use block 2 if the amount of gross receipts Use block 3 if the amount of gross receipts See page (vi) of the general instructions locate	s in space K is \$137,100 or less s in space K is more than \$137,10 s in space K is more than \$263,80	00 but les	s than \$527,600	\$263,800				
	BLOCK	(1: GROSS RECEIPTS OF \$13	37,100 O	R LESS					
	Instructions: As a cable system with gross reaccounting period is \$52.00	ceipts of \$137,100 or less, the roya	ilty fee tha	at you must pay for	this six-month				
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount fro					0.00			
	Ente 2. Interest charge. Enter the amount no	milite 4, space Q, page 0				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE F								
		RECEIPTS OF \$263,800 OR LE	,		,				
	 Base amount under statutory formula Enter amount of gross receipts from space 				_				
	Subtract line 2 from line 1				_				
	Subtract line 2 from line 1				- 167,862.73				
	Enter the amount from line 3				95,937.27				
	6. Subtract line 5 from line 4				71,925.46				
	7. Multiply line 6 by .005 (enter figure here) .				\$	359.63			
	8. Interest charge. Enter the amount from lin	ne 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 sp	pace K							
	Base amount under statutory formula				-				
	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 lin	ue 4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE	AND TOTAL REMITTANCE D	UE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period	d (from Block 1, 2, or 3, above)		\$	359.63				
Due	2. Filing Fee (See the instructions for more in	nformation on filing fee calculations))	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTIN	NG PERIOD. Add lines 2 and 3			\$	379.63			
	Important: Your remittance must b	e in the form of an electronic pay	yment pa	yable to the Regi	ster of Copyric	jhts!			
		eral instructions in the paper SA		-					

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF BellSouth Telecommur				SYSTEM ID# 63596
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable systems.	the cable system's total number of channels on which the control broadcast stations		counting period.	16 605
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		NFORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name Diane	Bellinger		Telephone 210-3	51-4805
	(Number,	I. St. Mary's Street, street, rural route, apartment, o ntonio, TX 78215			
	(City, town	dg7796@att.com		Fax (optional) 210-246-8199	
O Certification	I, the undersigned, hereby (Owner other the Agent of owner in line 1 of sp.) X (Officer or particular in line 1 of sp.) I have examined the stater	certify that (Check one, but an corporation or partners other than corporation or pace B and that the owner is ner) I am an officer (if a corpace B. nent of account and hereby ect to the best of my knowle (86)] Enter Enter Typed or printed name	rship) I am the owner of the cable system as or partnership) I am the duly authorized age is not a corporation or partnership; or reporation) or a partner (if a partnership) of the y declare under penalty of law that all statem ledge, information, and belief, and are made X /s/ Mike McGuire Yes an electronic signature on the line above to be resignature using an "/s/ signature" (e.g., /s/ J	identified in line 1 of space B; or int of the owner of the cable system as e legal entity identified as owner of the ents of fact contained herein in good faith.	

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ounting Period: 2018/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
IlSouth Telecommunications, LLC	63596
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	
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** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(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@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	
ID number First community served	"
Accounting period	

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