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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	01/09/2019	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(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.	62373
		1	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Pembroke Advanced Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 10 (Number, street, rural route, apartment, or suite number)	
		Pembroke, GA 31321 (City, town, state, zip)	
	INICTO		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Pembroke Advanced Communications, Inc.	62373
D	Instructions: List each separate community served by the cable system. A "cou "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Served	identified city.	
	CITY OR TOWN	STATE
First	North Bryan County	GA
Community		
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					-2E. PAGE
Name	Pembroke Advanced Co		ne Inc			010	6237
		minunicatio	///s, ///c.				
Е	SECONDARY TRANSMISSION			-			
	In General: The information in s system, that is, the retransmission						
Secondary	about other services (including p						
Transmission	last day of the accounting period	l (June 30 or De	ecember 31, as the c	ase may be).		0	
Service: Sub-	Number of Subscribers: Both	•					
scribers and Rates	down by categories of secondary each category by counting the n						
Nates	separately for the particular serv					scharged	
	Rate: Give the standard rate c	harged for each	category of service	. Include both the	amount of the chai		
	unit in which it is generally billed				variations within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				transmission serv	ice that cable	
	systems most commonly provide						
	that applies to your system. Note						
	categories, that person or entity						
	subscriber who pays extra for ca first set" and would be counted o				count under "Serv	ice to the	
	Block 2: If your cable system I				e that are different	from those	
	printed in block 1 (for example, the	iers of services	that include one or r	nore secondary tra	ansmissions), list tl	nem, together	
	with the number of subscribers a	ind rates, in the	right-hand block. A	two- or three-word	description of the	service is	
	sufficient.	JCK 1		Π	BLOC	к 2	
		NO. OF				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CATEGOR	Y OF SERVICE	SUBSCRIBERS	RAT
	Residential:			Drime		4.005	
	Service to first set			Prime		1,065	22.
	Service to additional set(s)						
	• FM radio (if separate rate)						
	Motel, hotel Commercial						
	Converter Residential						
	Non-residential						
	SERVICES OTHER THAN SEC	ONDARY TRA	SMISSIONS: RATI	ES			
F	In General: Space F calls for rat	•	,	• •	•		
I	not covered in space E, that is, the						
Services	service for a single fee. There ar furnished at cost or (2) services	or facilities furni	shed to nonsubscrib	ers. Rate informat	tion should include	both the	
Other Than	amount of the charge and the un						
Secondary	enter only the letters "PP" in the				bla ann da an Rafa d		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						
nuioo	listed in block 1 and for which a						
	brief (two- or three-word) descrip	otion and include	e the rate for each.				
		BLOC	K 1			BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE R	ATE CATEO	BORY OF SERVICE	RAT
	Continuing Services:	1	Installation: Non-re	sidential			
	• Pay cable		 Motel, hotel 		Choic	e	89.
	 Pay cable—add'l channel 		 Commercial 		Premi	um	134.
	 Fire protection 		 Pay cable 		HBO		18.
	 Burglar protection 		 Pay cable-add'l d 	channel	Cinem	ax	15.
	Installation: Residential		Fire protection		Starz		12.
	First set		Burglar protectio	n	Show		15.
	Additional set(s)		Other services:		Playb	ру	12.
	FM radio (if separate rate)		Reconnect				
	Converter		Disconnect				
			 Outlet relocation 				
			 Move to new add 	1			

counting Period: 2	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Pembroke Advanced	•		62373
G Primary Transmitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e	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	translator stations and low power tele t (1) stations carried only on a part-tin he carriage of certain network program $S1(e)(2)$ and (4))]; and (2) certain static	ne basis under ns [sections
Transmitters: Television	Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on ti Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Iso in space I, if the station was carrie in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th- ne form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instrin of each station. For U.S. stations, lis	arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also of see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	bg)—if the pon some other ns. l, etc. Identify each : multistream the air in its community noncommercial ident), "I-M" nal multicast). Iicensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSAV/NBC	3	Ν	Savannah GA
	WVAN/PBS	9	E	Savannah-Pembroke GA
Rows as Necessary	WTOC/CBS	11	Ν	Savannah GA
	WJCL/ABC	22	N	Savannah GA
	WTGS/FOX	28	Ν	Savannah GA

Accounting P	Period: 2018	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
Pembroke A	dvanced C	ommu	nications, Inc.					6237
all-band basis w Special Instruct receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: Io Column 2: S Column 3: If	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation about rm. dentify the call tate whether the radio stat	station ca were ge rning AI y the sys be recei to the co sign of the static ion's sig	arried on a separate and discre nerally receivable by your cab I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	le system during Copyright Office r t the system's he system's FM ante his point, see pa	the accountir regulations, ar adend, and (2 enna, during c ge (v) of the g	ng period n FM sig 2) it can ertain st general i	d. Inal is generally be expected, ated intervals. nstructions in the.	H Primary Transmitters: Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Pembroke Advanced C	Communi	cations, Inc.					62373
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi		-		-	ion. that your c	cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instr	uctions in the p	paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basis	s, any nonne	twork televisio	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete th	he progran	n
	log in block 2.			·		·		
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their n	neaning is	
	clear. If you need more spa			ows to the tables. ision program ("substitute p	program") that	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."			
				sting the substitute program		–		
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute p			th the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system noni 0.01.1	5 p.m. to 0.2	0.30 p.m. Shu		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa		FCC fulles a	nu regulations	5 11 1	
	S	IIRSTITII	E PROGRAM	1		EN SUBSTITU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIM		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
1								

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Pembroke Advanced Communications, Inc.		62373
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. 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.	ssion service mount, see	,480.00 s receipts)
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 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 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	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		02.00
	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)	
	Enter the amount of gross receipts from space K		
	2. 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 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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26EK0M12		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: vanced Communications, I	nc.		SYSTEM ID# 62373
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	rs, and (2) the cable system's to al number of channels on which	proadcast stations	ing the accounting period.	5 289
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accoun	ER INFORMATION IS NEEDED (Ider t.)	tify an individual to whom	
for Further Information	Name	Mary Anna B Hite		Telephone	912-653-4389
	Address	P.O. Box 10 (Number, street, rural route, apartr	nent, or suite number)		
		Pembroke, GA 31321 (City, town, state, zip)			
	Email	mahite@pemtel	co.com	Fax (optional) 912-653-292	9
O Certification	I, the undersign (Own (Agen in X (Offic in I have examined	ed, hereby certify that (Check or er other than corporation or part of owner other than corporation line 1 of space B and that the or cer or partner) I am an officer (if line 1 of space B. d the statement of account and h te, and correct to the best of my	rtnership) I am the owner of the cable ion or partnership) I am the duly author vner is not a corporation or partnership;	system as identified in line 1 of space B prized agent of the owner of the cable sy or ship) of the legal entity identified as own all statements of fact contained herein are made in good faith.	vstem as identified
				ip)	
		Date:		01/09/2019	

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	18/2	
L NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM
broke Advan	ced Communications, Inc.	623
The Satellite Ho lowing sentence "In deterr service o scribers a	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- : mining the total number of subscribers and the gross amounts paid to the cable system for the basic f providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statemen Concerning Gros Receipts Exclusio
located in the pa	aper SA1-2 form.	
	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
X NO		
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	SSESSMENT	
You must compl		
	ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanati		Q Interest Assessme
For an explanati	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
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For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
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For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
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For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
For an explanati Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the ow Owner Address ID number	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessme
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