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 COPYRIGH	IT 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>
General instructions are located in the first tab of this workbook	07/12/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	
2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	Barcode Data Filing Period (optional -	- see instructions)	

Accounting Period Instruction: 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. Ust 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 significant and royalty the payment covering the entities accounting period. E2373 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. E2373 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Pembroke Advanced Communications, Inc. E2373 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Pembroke Advanced Communications, Inc. E000000000000000000000000000000000000			Barcode Data Filing Period (optional - see instructions)
B Give the full legal name 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. Ust 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 1D number assigned by the Licensing Division. Image: Cable System Pembroke Advanced Communications, Inc. BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM Pembroke Advanced Communications, Inc. BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM Pembroke, GA 31321 Image: Cable	-		
B Give the full legal name 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. Ust 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 1D number assigned by the Licensing Division. Image: Cable System Pembroke Advanced Communications, Inc. BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM Pembroke Advanced Communications, Inc. BUSINESS NAME(§) OF OWNER OF CABLE SYSTEM Pembroke, GA 31321 Image: Cable			Instructions:
Child of which which we owner ownere owner owner owner owner owner owner owner owner owne	В		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
single statement of account and royalty fee payment covering the entire accounting period. 62373 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62373 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Pembroke Advanced Communications, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 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: zp) (DENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 Number, street, rural route, apartment, or suite number)	Owner		List any other name or names under which the owner conducts the business of the cable system.
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 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 YUmber, street, Yural route, apartment, or suble number) Pembroke, GA 31321 Years Yestem 1 IDENTIFICATION OF CABLE SYSTEM: 2 Yumber, street, Yural route, apartment, or suble number)			
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(Number, street, rural route, apartment, or sulte number) Pembroke, GA 31321 (City, town, state, zip) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 NAILING ADDRESS OF CABLE SYSTEM:			
Image: City, town, state, zip) Image: City, town, state, zip, zip) Image: City, town, state, zip, zip, zip, zip, zip, zip, zip, zip			
System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)			
1 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	С		
2 (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)		1	
			MAILING ADDRESS OF CABLE SYSTEM:
(City, town, state, zip code)		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Pembroke Advanced Communications, Inc.	62373
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	known as the "first community." Please use it as the first community on all futu	re filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	pile home parks should be reported in parentheses below the
Served	identified city.	
oorrea		
	CITY OR TOWN	STATE
First	North Bryan County	GA
Community	North Dryan County	66
community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM				FORM SA1	TEM ID
Name	Pembroke Advanced Co		ne Inc			010	6237
	Fembroke Auvanceu Co	Jiiiiuiiicalik	ліз, шс.				
Е	SECONDARY TRANSMISSION			-			
L _	In General: The information in s						
Secondary	system, that is, the retransmission about other services (including particular services)						
Transmission	last day of the accounting period				De l'IUSE EXIST		
Service: Sub-	Number of Subscribers: Both	`	'	, ,	e cable system	, broken	
scribers and	down by categories of secondar						
Rates	each category by counting the n					charged	
	separately for the particular serv Rate: Give the standard rate of					ne and the	
	unit in which it is generally billed						
	category, but do not include disc						
	Block 1: In the left-hand block	in space E, the	form lists the catego				
	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 of						
	Block 2: If your cable system				t are different fi	rom those	
	printed in block 1 (for example, t						
	with the number of subscribers a	and rates, in the	right-hand block. A ty	wo- or three-word des	cription of the s	service is	
	sufficient.	OCK 1			BLOC	()	
		NO. OF				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS RATE	CATEGORY OF	SERVICE	SUBSCRIBERS	RAT
				Prime		1.056	22.0
	Service to first set			FIIIIe		000,1	۷.۷
	Service to additional set(s)						
	• FM radio (if separate rate)						
	Motel, hotel						
	Commercial						
	Converter						
	Residential						
	Non-residential						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	S			
F	In General: Space F calls for rat				e system's serv	ices that were	
F	not covered in space E, that is, t			,	,		
Comisso	service for a single fee. There are	e two exception	ns: you do not need to	give rate information	concerning (1)	services	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur						
Secondary	enter only the letters "PP" in the		usually blicu. If ally is	ales are charged on a		ograffi basis,	
ransmissions:	Block 1: Give the standard rat	te charged by th					
Rates	Block 2: List any services that						
	listed in block 1 and for which a			ished. List these other	services in the	e form of a	
	brief (two- or three-word) descrip		e the fate for each.		- T T		
		BLOO				BLOCK 2	
	CATEGORY OF SERVICE		CATEGORY OF SER		CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable		Installation: Non-res	sidential	Choice	•	89.0
	,		Motel, hotel		Premiu		09.0 ###
	Pay cable—add'l channel		Commercial			1111	
	Fire protection		Pay cable Addition	hannal	HBO	~~	18.0
	•Burglar protection		Pay cable-add'l cl	nannei	Cinema	đ۸	15.0
	Installation: Residential		Fire protection		Starz		12.0
	First set		Burglar protection		Showti		15.0
	Additional set(s)		Other services:		Playbo	y	12.0
	• FM radio (if separate rate)		Reconnect				
	Converter		 Disconnect 				
			 Outlet relocation Move to new add 				

LEGAL NAME OF OWNER OF Pembroke Advanced PRIMARY TRANSMITTERS:	Communications, Inc.		SYSTEM ID: 62373						
	•		0231						
PRIMARY TRANSMITTERS:	PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable system 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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel 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	General: In space G, identify every television station (including translator stations and low power television stations) fried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .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 bestitute program basis, as explained in the next paragraph. Ibstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program sis under specific FCC rules, regulations, or authorizations: to <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the tion was carried <i>only</i> on a substitute basis. is the station here, and also in space I, if the station was carried both on a substitute basis and also on some other sis. For further information concerning substitute basis stations, see page (v) of the general instructions. Journ 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each liticast stream associated with a station according to its over-the-air designation. For example, report multistream (ETA-2" as the same on the form. Journ 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community license. For example, WRC is channel 4 in Washington, D.C. Journ 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial ucational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" r independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
WSAV/NBC	3	N	Savannah GA						
WVAN/PBS	9	E	Savannah-Pembroke GA						
WTOC/CBS	11	Ν	Savannah GA						
WJCL/ABC	22	Ν	Savannah GA						
WTGS/FOX	28	N	Savannah GA						
	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 station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel 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 FCC. For Mexican or Canad 1. CALL SIGN WSAV/NBC WVAN/PBS WTOC/CBS WJCL/ABC	FCC rules and regulations in effect on June 24, 1981, permitting t76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.6substitute program basis, as explained in the next paragraph.Substitute Basis Stations: With respect to any distant stations ofbasis under specific FCC rules, regulations, or authorizations:• Do not list the station here in space G—but do list it in space I (tstation was carried only on a substitute basis.• List the station here, and also in space I, if the station was carriedbasis. For further information concerning substitute basis stations;Column 1: List each station's call sign. Do not report origination pmulticast stream associated with a station according to its over-the"WETA-2" as the same on the form.Column 2: Give the channel number the FCC assigned to the teleof license. For example, WRC is channel 4 in Washington, D.C.Column 3: Indicate in each case whether the station is a networkeducational station, by entering the letter "N" (for network), "N-M"(for independent multicast), "E" (for noncommercial educational), orFor the meaning of these terms, see page (iv) of the general instructions, listFCC. For Mexican or Canadian stations, if any, give the name of theMSAV/NBC3WVAN/PBS9WTOC/CBS11WJCL/ABC22	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progra 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 stat 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 sub 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 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 basis. For further information concerning substitute basis stations, see page (v) of the general instruct Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESF multicast stream associated with a station according to its over-the-air designation. For example, report "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over 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 educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for indep (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial education 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 with which the station FCC. For Mexican or Canadian stations, if any, give the name of the community w						

receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmit	EGAL NAME OF Pembroke A			unications, Inc.					SYSTEM 623
 Transmit Radie Transmit Radie Transmit Radie Transmit Radie To be received at the headend, with the system's Headend, and (2) it can be expected, and 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. 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). 	n General: List	every radio	station c	arried on a separate and disc					н
CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	eceivable if (1) n the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether the radio star this by placin sive the statio	y the sy be rece ut the C I sign of the stati tion's sig g a chec n's locat	stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which the	at the system's h system's FM ar this point, see p sed by the cable the station is lice	headend, and tenna, during age (v) of the system as a nsed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			5/0		UNCE OIGH		5,0		
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NormeNorm									
Image: Section of the section of th									
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Image: Section of the section of th									
Normal NetworkNormal Net									
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Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Pembroke Advanced C	Communio	cations, Inc.					62373
	SUBSTITUTE CARRIAGI	E: SPECIA			G			
	In General: In space I, identi					ion that you	ir cable syste	em 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 th	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	<u>sion</u> progran	n
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log			waat of this waa	a blank. Kurun anauran ia	"\"		-	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	e the program	'n
	log in block 2.		Me					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if thei	r meaning is	
	clear. If you need more spa						i mouning ie	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							٦.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specilic prograf		ampie, i Lu	WE LUCY OF	
			lcast live, enter	"Yes." Otherwise enter "	No."			
				sting the substitute progra				
				e community to which the			FCC or, in	
	the case of Mexican or Can			tem carried the substitute			with the mor	hth
	first. Example: for May 7 giv		when your sys			numerais,		
	Column 6: State the time	es when the	substitute prog	gram was carried by your	cable system.	List the tim	nes accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sl	hould be	
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	ourovotom	waa raquira	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.		5			Ū		
					\//НЕ	EN SUBSTI		
	S	UBSTITUT	E PROGRAM			IAGE OCC	URRED	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	6. 1 FROM	TIMES — TO	DELETION
			+					
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Accounting Period:	2019/1	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. En 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.	ission service amount, see	,204.00 (s receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$. 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. 	263,800	
	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 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 PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	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	-	
		138,204.00	
		125,596.00	
	6. Subtract line 5 from line 4	12,608.00	
	7. Multiply line 6 by .005 (enter figure here)		63.04
	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	\$	63.04
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	· · · · · · · · · · · · · · · · · · ·	-	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	63.04	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	83.04
	EFT Trace # or TRANSACTION ID # 26IP11MO]	
	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 r		

Accounting Period:	2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: dvanced Communications		SYSTEM ID: 62373
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's tal number of channels on wh ed television broadcast station tal number of activated chann cable system carried televisio	ns	ions 5 289
N Individual to Be Contacted		TO BE CONTACTED IF FUR about this statement of acco	THER INFORMATION IS NEEDED (Identify an individual to whom bunt.)	
for Further Information	Name	Mary Anna B Hite	Telept	none 912-653-4389
	Address	P.O. Box 10 (Number, street, rural route, apa	artment, or suite number)	
		Pembroke, GA 3132 (City, town, state, zip)		
	Email	mahite@pem	telco.com Fax (optional) 912-65	3-2929
			must be certified and signed in accordance with Copyright Office regulation	
O Certification	(Ow (Age X (Off • I have examin are true, compl	ner other than corporation or ent of owner other than corpo in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B. red the statement of account an	a one, but only one, of the boxes.) a partnership) I am the owner of the cable system as identified in line 1 of spatnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or a (if a corporation) or a partner (if a partnership) of the legal entity identified as the hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby hereby declare under penalty of law that all statements of fact contained hereby hereby hereby declare under penalty of law that all statements of fact contained hereby hereby hereby declare under penalty of law that all statements of fact contained hereby hereby hereby hereby declare under penalty of law that all statements of fact contained hereby her	ble system as identified s owner of the cable system
		Typed or printe	ed name: Mary Anna B Hite	
		Title: (Title o	Secretary-Treasurer of official position held in corporation or partnership)	
		Date:	07/12/2019	

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 the 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 telephon 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 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 t 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

ounting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
mbroke Advanced Communications, Inc.	62373
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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? X NO YES. Enter the total here and list the satellite carrier(s) below. Attraction	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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 Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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	
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	
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 f(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	
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	
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@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	

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