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								
8/29/2019	\$								
	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	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
		BellSouth Telecommunications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2270 Lakeside Blvd (Number, street, rural route, apartment, or suite number)
		Richardson, TX 75082 (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		IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	<u> </u>	(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									
	BellSouth Telecommunications, LLC	635							
	Instructions: List each separate community served by the cable system. A "community"								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and incl discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification he								
_		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 hon	ne 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	Lyiii naveii								
	Panama City Beach	FL							
	Parker	FL							
	Springfield	FL							

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63596

Ε

Secondary

Transmission

Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**BellSouth Telecommunications, LLC** 

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:								
<ul> <li>Service to first set</li> </ul>	916	\$19	HD Tech Fee	303	\$10.00			
Service to additional set(s)			Set-Top Box	916	\$0-\$15			
					\$4.99-			
FM radio (if separate rate)			Broadcast TV Surcharge	916	\$7.99			
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			
• Pay cable		• Motel, hotel		Video on Demand	\$0 \$100
Pay cable—add'l channel	\$5-\$199	Commercial		Service Activation Fee	\$0 \$3
• Fire protection		• Pay cable		Credit Management Fe	\$0 \$44
•Burglar protection		Pay cable-add'l channel		Dispatch on Demand	\$99 \$0
Installation: Residential		Fire protection		Wireless Receiver	\$4
First set	\$0-\$199	Burglar protection		HD Premium Tier	\$7
<ul> <li>Additional set(s)</li> </ul>		Other services:		DVR Upgrade Fee	\$5
• FM radio (if separate rate)		Reconnect	\$0-\$35	Vacation Hold	7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		Move to new address			

Accounting Period: 2019/1 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
VECPL2/WECPH2	18/1018		Panama City, FL
VECPLD/WECPLH	18/1018	N	Panama City, FL
VFSG/WFSGHD	56/1056	E	Panama City, FL
VJHG/WJHGHD	7/1007	N	Panama City, FL
VJHGD2/WJHGH2	7/1007	1	Panama City, FL
VMBB/WMBBHD	13/1013	N	Panama City, FL
VPCT/WPCTHD	47/1047	l	Panama City, FL
WPGX/WPGXHD	28/1028	<u>l</u>	Panama City, FL
	•		
	•		
	•		

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	ting Period: 2019/1 FORM SA1-2E. PAGI												
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#					
Name	BellSouth Telecommu	nications	, LLC					63596					
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Statement and	broadcast by a distant station?												
Program Log	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. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for program and regulations in												
	effect on October 19, 1976.												
					WH	EN SUBST	ITUTE						
	S	UBSTITUT	E PROGRAM		CARI	RIAGE OCC	CURRED	7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTI	•	TIMES TO	DELETION					
		163 01 110	CALL SIGIV	4. STATIONS ECOATION	ANDDAT	TROW	_ 10						
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Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC		S	63596
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans to compute thi	smission serv s amount, se	ice
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 the block 3 if the amount of gross receipts in space K is more than \$263,800 but less the page (vi) of the general instructions located in the paper SA1-2 form for more informations.	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that year accounting period is \$52.00	ou must pay for	this six-month	1
	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 mo	ore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I	less than \$527	',600)	
	Enter the amount of gross receipts from space K	357,588.20		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	93,788.20		
	4. Multiply line 3 by .01	\$	937.88	
	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.		\$	2,256.88
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,256.88	
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		\$	2,276.88
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form for	_		ghts!

2019/1																	F	ORM SA	-2E. P	AGE 7
																		S		M ID#
to its subscribers, and  1. Enter the total number system carried televiors.  2. Enter the total number on which the cable system.	(2) the cable system's to per of channels on which sion broadcast stations. per of activated channels system carried television by	otal numb  the cable s  broadcast	nber o	r of ac	etivate	d char	nnels du	iring the	e acc	count	ting pe	eriod.		ons			16 597			
			ORM	MATIO	ON IS	NEED	DED (Ide	entify a	ın indi	lividu	al to w	whom								
Name Sus	san Redding												Telepho	one 9	72-26	9-193	88			
(Num	ber, street, rural route, apartm		suite nu	numbe	er)															
Email		m								Fax	x (opti	ional)								
Owner othe  (Agent of owner in line 1 owner i	reby certify that (Check on a reference of the comporation or partner) I am an officer (if of space B.  Exatement of account and had correct to the best of my kent (1986)]  Typed or printed  Title:	artnership  tion or pa where is not f a corpora hereby decknowledge  X  Enter an o Enter sign I name:	partner or a control of the clare of the cla	nersh a corpon) or are undinform	of the body has been dependent on the body has been dependent	m the end or particular and b	duly autitnership a partne f law tha elief, an	e system horized c); or srship) d at all sta d are m	m as I agen of the ateme ateme in ade i	ident int of t lega ents c in goo	tified ir ithe ow	n line 1	the cab	ce B; o	em as id					
	LEGAL NAME OF OWNEI BellSouth Telecomr  CHANNELS Instructions: You mu to its subscribers, and  1. Enter the total number of system carried televity.  2. Enter the total number on which the cable system cannonbroadcast see and nonbroadcast s	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its subscribers.  2. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHWE can contact about this statement of account Mannel Susan Redding  Address  2270 Lakeside Blvd (Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  Email  \$\$\frac{2270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  \$\$\frac{270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  \$\$\frac{270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  \$\$\frac{270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  \$\$\frac{270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, state, zip)  \$\$\frac{270 Lakeside Blvd}{(Number, street, rural route, apart Richardson, TX 7508 (City, town, st	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of chann to its subscribers, and (2) the cable system's total num 1. Enter the total number of channels on which the cal system carried television broadcast stations	EGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number.  1. Enter the total number of channels on which the cable system carried television broadcast stations	CHANNELS   Instructions: You must give (1) the number of channels on white to its subscribers, and (2) the cable system's total number of activated channels on which the cable system carried television broadcast stations	CHANNELS   Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activate     1. Enter the total number of channels on which the cable system carried television broadcast stations	BelSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated charn.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED we can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd  (Number, street, rural route, apertment, or suite number)  Richardson, TX 75082  (City, town, state, zip)  Email  sr7272@att.com  CERTIFICATION (This statement of account must be certified and signed in inine 1 of space B and that the owner is not a corporation or partnership) I am the oin line 1 of space B and that the owner is not a corporation or partner in line 1 of space B.  (Inter or partner) I am an officer (if a corporation) or a partner (if in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]  X /s/ Michael Satenter in the composition of the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels on which 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd (Number, street, rural route, apartment, or suite number)  Richardson, TX 75082  (City, town, state, zip)  Email  Sr7272@att.com  CERTIFICATION (This statement of account must be certified and signed in accorded to the interest of the cable of the c	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carriet to its subscribers, and (2) the cable system's total number of activated channels during the 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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a we can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd (Number, street, rural route, apartment, or suite number)  Richardson, TX 75082 (City, town, state, zip)  Email  S17272@att.com  CERTIFICATION (This statement of account must be certified and signed in accordance we in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B and that the owner is not a corporation or partnership, or in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all st are true, complete, and correct to the best of my knowledge, information, and belief, and are in [18 U.S.C., Section 1001(1986)]  X /s/ Michael Santogrossi  Enter an electronic signature on the line above the signature using an "/s/ signature" (e.g., Typed or printed name:  Michael Santogrossi  Title:  Vice President – Finance (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the activated television broadcast stations and into the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an inciver can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd  (Number, street, rural route, apartment, or suite number)  Richardson, TX 75082  (City, town, state, zip)  Email  sr7272@att.com  CERTIFICATION (This statement of account must be certified and signed in accordance with C  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the during a partnership, or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partnership; or the in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statemer true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)]  Typed or printed name:  Michael Santogrossi  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ J. Vice President — Finance  (Title of official position held in corporation or partnership)	LEGAL NAME OF CWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the account.  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual we can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd (Number, street, rural route, spartment, or suite number)  Richardson, TX 75082 (City, town, state, sip)  Email  sr7272@att.com  Fa:  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyri in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of in line 1 of space B and that the owner is not a corporation or partnership; or X  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements are true, complete, and correct to the best of my knowledge, information, and belief, and are made in go [18 U.S.C., Section 1001(1996)]  Typed or printed name:  Michael Santogrossi  Fitte:  Vice President — Finance (Title of official position held in corporation or partnership)	LEGAL NAME OF CWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television by to its subscribers, and (2) the cable system's total number of activated channels during the accounting perspective of the cable system carried television broadcast stations.  2. 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(Owner other than corporation or partnership) I am the duly authorized agent of the own in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an offlicer (if a corporation) or a partner (if a partnership) of the legal entit in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an offlicer (if a corporation) or a partner (if a partnership) of the legal entit in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all statements of fact are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fait (IB U.S.C., Section 1001(1996))  Typed or printed name:  Michael Santogrossi  Filte:  Vice President — Finance  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line of space B and that the owner is not a corporation or partnership, or  X (Officer or partnersh) am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line of space B.  * I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains re rue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Michael Santogrossi  Enter an electronic signature on the line above to certify this statements of fact contains re rue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Michael Santogrossi  Enter an electronic signature on the line above to certify this statements of fact contains return to the partnership).  Wice Pr	LEGAL NAME OF OWNER OF CABLE SYSTEM.  BellSouth Telecommunications, LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static 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 nontroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  Susan Redding  Teleph  Address  2270 Lakeside Blvd  Number, street, trial trobs, apartment, or suite number)  Richardson, TX 75082  (City, loan, side, pip)  Email  \$17272@att.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership;	LECAL NAME OF OWNER OF CABLE SYSTEM:  BollSouth Telecommunications, LLC  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.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  Name  Susan Redding  Address  2270 Lakeside Blvd  (Number, areast, and rows, systems).  (Oity, town, state, rip)  Email  \$\frac{3272 Lakeside Blvd}{(\text{Dist} \text{ town}, \text{ systems})} = \frac{3}{2} \text{ (optional)} = \frac{3}{2}  (optional	LEGAL NAME OF OWNER OF CABLE SYSTEM:  BellSouth Telecommunications, LLC  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. 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(Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in ine 1 of space B and that the owner is not a coporation or partnership; or  X (Officer or partner) I am an officer (if a coporation or partnership; or  X (Officer or partner) I am an efficer (if a coporation or partnership; or  X (officer or partner) I am an efficer (if a coporation or partnership; or  X (officer or partner) I am an efficer (if a coporation or partnership; or  X (officer or partner) I am an efficer (if a coporation or partnership; or the legal entity identified as owner of the contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Michael Santogrossi  Title:  Vice President – Finance  (Title of efficial position field is toopocation or partnership)	LECAL NAME OF OWNER OF CABLE SYSTEM:  BollSouth Telecommunications, LLC  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.    INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name   Susan Redding	ECAL NAME OF OWNER OF CABLE SYSTEM	ECRY NAME OF OWNER OF CARLE SYSTEM: Self-south Telecommunications, LLC   CHANNELS	ECAL NAME OF OWNER OF CASIE SYSTEM BollSouth Telecommunications, LLC  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 systems stolal number of activated channels outling the accounting period.  1. Enter the total number of channels on which the cable system carried deliversion broadcast stations.  2. 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Name  Susan Redding  Address  2279 Lakeside Blvd  Address  2279 Lakeside Blvd  Address  2279 Lakeside Blvd  Address  (b) beat statement of account must be certified and signed in accordance with Copyright Office regulations)  Fax (optional)  Fax (optional)  Fax (optional)  CERTIFICATION (this statement of account must be certified and signed in accordance with Copyright Office regulations)  -1, the undestigned, hereby certify that (Check one, <i>but only one</i> , of the boxes)  (Owner other than corporation or partnership) in the duly authortized spent of the owner of the cable system as identified in line 1 of space 8 to 1 accordance and the country in the owner of the cable system as identified in line 1 of space 8 to 1 accordance and the country of the owner of the cable sy

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 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

ccounting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ellSouth 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."  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	P Special Statement Concerning Gross Receipts Exclusion
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
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	
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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