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

POR COPYRIGHT OFFICE USE ONLY  DATE RECEIVED  AMOUNT  \$  03/03/2020  ALLOCATION NUMBER								
\$	FOR COPYRIGHT OFFICE USE ONLY							
\$ ALLOCATION NUMBER	DATE RECEIVED	AMOUNT						
	03/03/2020	\$ 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
		COMMZOOM COMMUNICATIONS, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM  2438 BOARDWALK ST
		(Number, street, rural route, apartment, or suite number)
		SAN ANTONIO, TX 78217 (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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		COMMZOOM  MAILING ADDRESS OF CABLE SYSTEM:
		INIAILING ADDRESS OF CABLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2019/2	
	,-	FORM SA1-2E. PAGE 1b.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	COMMZOOM COMMUNICATIONS, LLC	023008
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile holdentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	GOLIAD	TX
Community		
Add Rows as Necessary		
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Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

COMMZOOM COMMUNICATIONS, LLC

023008

# E

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	23	89.82					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	9	89.82					
Commercial	0						
Converter							
Residential							
Non-residential							
				1			

# F

#### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
<ul> <li>Fire protection</li> </ul>		• Pay cable		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set	100.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

\*\*SYSTEM ID# 023008

#### COMMZOOM COMMUNICATIONS, 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
KABB	29	l	SAN ANTONIO, TX
KENS	5	N-M	SAN ANTONIO, TX
KHCE	23	E	SAN ANTONIO, TX
KLRN	9	E	SAN ANTONIO, TX
WOAI	4	N-M	SAN ANTONIO, TX
KPXL	26	<u> </u>	UVALDE, TX
KMYS	35	I	KERRVILLE, TX
KSAT	12	N-M	SAN ANTONIO, TX
KVDA	60	N-M	SAN ANTONIO, TX
KWEX	41	N-M	SAN ANTONIO, TX
KVCT	19	N	VICTORIA, TX
KAVU	25	N	VICTORIA, TX

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### COMMZOOM COMMUNICATIONS, LLC

023008

#### 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							FOR	RM SA1-2E. PAGE 5.
Name	COMMZOOM COMMUN							SYSTEM ID# 023008
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri- broadcast by a distant stat	y every nor ecounting pe ng that mus CONCER od, did you	nnetwork televis eriod, under spe et be included in RNING SUBST	sion program, broadcast ecific present and former l this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, regu the general ins	ulations, or a tructions in th	uthorizations. he paper SA1	. For a further -2 form.
	Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categori. "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call is Column 4: Give the broat the case of Mexican or Canathe Column 6: State the time to the nearest five minutes. In the stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules and was substituted for program effect on October 19, 1976.	PROGRA tute progra te, please a of every noi distant stati gulations, oi es like "moi Bulls." It was broad ign of the s doast statio adian statio adian statio adian statio adian statio adian statio adian statio ar "5/7." s when the Example: a	MS m on a separar add additional r nnetwork televi on and that you r authorizations vies" or "baske deast live, enter station broadca no's location (th ns, if any, the o when your syst substitute pro- program carrie	te line. Use abbreviation rows to the tables. Ision program ("substitut ur cable system substitut ur cable system substitut us. See page (v) of the getball." List specific program "Yes." Otherwise entersting the substitute progree community to which the community with which the carried the substitute gram was carried by you and by a system from 6:0 was substituted for progring the accounting perior	s wherever pore program") the ted for the program instruction in titles, for example, and titles, for example, and titles, for example, and titles, for example station is lice as tation in the temperature in the lice as the program in the lice as the l	ssible, if the at, during th gramming o ons for furth xample, "I Le ensed by the entified). e numerals, n. List the tir 28:30 p.m. syour system "P" if the	eir meaning is accounting fanother state information ove Lucy" or e FCC or, in with the more accurate should be a was require e listed programmes.	m s g tion n.   onth ely
			E PROGRAM 3. STATION'S CALL SIGN	I 4. STATION'S LOCATIO	5. MONTH	•		7. REASON FOR DELETION

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC			02300
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he 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.	s secondary trans ow to compute thi	smission servic is amount, see	e 1,615.74
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  See page (vi) of the general instructions located in the paper SA1-2 form for more informations.	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	t you must pay for	this six-month	
	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	12	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but	more than \$137,	,100)	
	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 (bi	ut less than \$52	7,600)	
	Enter the amount of gross receipts from space K		-	
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01	·· <u> </u>		
	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	S	·	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u></u> \$	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00
	Important: Your remittance must be in the form of an electronic payment pay  See page i of the general instructions in the paper SA1-2 form to	_		hts!

CHANNELS Instructions: You m	IER OF CABLE SYSTEM: IMUNICATIONS, LLC								SYSTEM ID#
Instructions: You m									023008
Enter the total nur system carried tele     Enter the total nur on which the cable	evision broadcast stations.  The modern of activated channels system carried television.	otal numb	ber of activ	vated channel	s during the a	ccounting per	iod.	13 144	
			DRMATION	N IS NEEDED	(Identify an ir	ndividual to wh	nom		
Name J	ACOB T. GRAY						Telephone	210-736-3376, EXT ′	1004
(Ni	umber, street, rural route, apartn	nent, or sui	uite number)						
Email	CFO@COMMZ	OOM.CO	ОМ			Fax (option	nal) 210-403-268	8	
Owner oth  (Agent of a in line  X (Officer o in line  I have examined the are true, complete, ar	nereby certify that (Check on ther than corporation or pa owner other than corporat 1 of space B and that the over the partner) I am an officer (if 1 of space B. 1 statement of account and head correct to the best of my I	artnership tion or pa wner is no	aly one, of the ip) I am the artnership of a corporation) or a ceclare unde	he boxes.)  owner of the output ation or partner (if a partner penalty of law	eable system a authorized ag rship; or rtnership) of the	ent of the owners legal entity in the legal entity in the ments of fact of	ine 1 of space B er of the cable sy dentified as own	stem as identified	
			n electronic	signature on th	ne line above to		tement.		
	Title:	CFO/C	coo			MARCH ()	3, 2020		
	2. Enter the total numerous on which the cable and nonbroadcast  INDIVIDUAL TO BE we can contact about the cable with the cable wit	2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	2. Enter the total number of activated channels on which the cable system carried television broadca and nonbroadcast services	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	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 we can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)  SAN ANTONIO, TX 78217  (City, town, state, zip)  Email  CFO@COMMZOOM.COM  CERTIFICATION (This statement of account must be certified and signed in account.)  (Owner other than corporation or partnership) I am the owner of the companies of the co	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 in we can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST (Number, street, rural route, apartment, or suite number)  SAN ANTONIO, TX 78217  (City, town, state, zip)  Email  CFO@COMMZOOM.COM  CRTIFICATION (This statement of account must be certified and signed in accordance with in line 1 of space B and that the owner is not a corporation or partnership) of the in line 1 of space B and that the owner is not a corporation or 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 stater are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)]  X /s/ JACOB T. GRAY  Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ Typed or printed name:  JACOB T. GRAY  Title:  CFO/COO  (Title of official position held in corporation or partnership)	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 wife we can contact about this statement of account.)  Name  JACOB T. GRAY  Address  2438 BOARDWALK ST [Number, street, rural route, apartment, or suite number)  SAN ANTONIO, TX 78217  (City, town, state, zep)  Email  CFO@COMMZOOM.COM  Fax (option  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office.  1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law that all statements of fact care true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  X Is/ JACOB T. GRAY  Enter an electronic signature on the line above to certify this statement signature using an "Is/ signature" (e.g., Is/ John Smith)  Typed or printed name:  JACOB T. GRAY  Title:  CFO/COO  (Title of official position held in corporation or partnership)	system carried television broadcast stations	2. Enter the total number of activated 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 on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF PURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name  JACOB T. GRAY  Telephone  210-736-3376, EXT  (Number, devet, rurs took, separament, or subs number)  SAN ANTONIO, TX 78217  (City, town, selec, rup)  Email  CFO/GCOMMZCOM.COM  Fax (optional) 210-403-2688  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or  X (Office or partnership) I am officer (if a corporation) or a partnership; or  X (Office or partnership) I am officer (if a corporation) or a partnership; of the legal entity identified as owner of the cable system in line 1 of space B, or  X (In In 1 of space B, or In 1

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

counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DMMZOOM COMMUNICATIONS, LLC	023008
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xxdays	
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	_
(interest charge)  * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served	

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