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.

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |
|-------------------------------|----------------------|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |
| 2/27/2020                     | \$ ALLOCATION NUMBER |  |  |

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α              | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:   |                     |                              |                 |  |  |  |  |
|----------------|--|---------------------|------------------------------|-----------------|--|--|--|--|
| Accounting     | 2019/2   |                     |                              |                 |  |  |  |  |
| Period         |  |                     |                              |                 |  |  |  |  |
| B<br>Owner     | 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 corpo rate title of the subsidiary, not that of the parent corporation  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 perion  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  |                     |                              |                 |  |  |  |  |
|                | COX COMMUNICATIONS GULF COAST, LLC   |                     |                              |                 |  |  |  |  |
|                |  |                     |                              |                 |  |  |  |  |
|                |  |                     |                              | 03416020192     |  |  |  |  |
|                |  |                     |                              | 034160 2019/2   |  |  |  |  |
|                |  |                     |                              |                 |  |  |  |  |
|                | 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR  |                     |                              |                 |  |  |  |  |
|                | ATLANTA, GEORIGA 30328   |                     |                              |                 |  |  |  |  |
|                | INSTRUCTIONS: In line 1, give any business or trade names used to id   | lentify the husines | es and operation of the eyet | em unless these |  |  |  |  |
| С              | names already appear in space B. In line 2, give the mailing address of  |                     |                              |                 |  |  |  |  |
| System         | 1 IDENTIFICATION OF CABLE SYSTEM:  |                     |                              |                 |  |  |  |  |
|                | MAILING ADDRESS OF CABLE SYSTEM:   |                     |                              |                 |  |  |  |  |
|                | 2 (Number, street, rural route, apartment, or suite number)  |                     |                              |                 |  |  |  |  |
|                | (City, town, state, zip code)  |                     |                              |                 |  |  |  |  |
| D              | Instructions: For complete space D instructions, see page 1b. Identify   | only the frst comm  | nunity served below and rel  | ist on page 1b  |  |  |  |  |
| _              | with all communities.  | orny the not com    | idility Served Below and Ter | of on page 15   |  |  |  |  |
| Area<br>Served | CITY OR TOWN   | STATE               |                              |                 |  |  |  |  |
| First          | PENSACOLA  | FL                  |                              |                 |  |  |  |  |
| Community      | Below is a sample for reporting communities if you report multiple cha   | ınnel line-ups in S | pace G.                      |                 |  |  |  |  |
|                | CITY OR TOWN (SAMPLE)  | STATE               | CH LINE UP                   | SUB GRP#        |  |  |  |  |
| Sample         | Alda   | MD                  | Α                            | 1               |  |  |  |  |
| Janipie        | Alliance   | MD                  | В                            | 2               |  |  |  |  |
|                | Gering   | MD                  | В                            | 3               |  |  |  |  |

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 th 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 suffciency of the fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  |                    |                     | SYSTEM ID#    |  |  |  |
|---|--------------------|---------------------|---------------|--|--|--|
| COX COMMUNICATIONS GULF COAST, LLC  |                    |                     | 034160        |  |  |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings |                    |                     |               |  |  |  |
| Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.   |                    |                     |               |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).  | the column blank   | . If you report any | stations      |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) are (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns   | nd a subscriber gr |                     |               |  |  |  |
| CITY OR TOWN  | STATE              | CH LINE UP          | SUB GRP#      |  |  |  |
| PENSACOLA   | FL                 | AA                  | 1             | First                                      |  |  |
| CINCO BAYOU   | FL                 | AD                  | 6             | Community                                  |  |  |
| CRESTVIEW   | FL<br>=-           | AB                  | 2             |  |  |  |
| CRESTVIEW-OKALOOSA COUNTY   | FL                 | AB                  | 2             |  |  |  |
| DESTIN  | FL<br>             | AC                  | 4             |  |  |  |
| EGLIN AFB   | FL<br>             | AD                  | 5             | See instructions for                       |  |  |
| ESCAMBIA COUNTY   | FL<br>             | AA                  | 1             | additional information on alphabetization. |  |  |
| FORT WALTON BEACH   | FL<br>             | AD                  | <u>6</u><br>_ | on alphabetization.                        |  |  |
| FREEPORT  | FL<br>             | AE                  | 7             |  |  |  |
| FREEPORT-WALTON COUNTY  | FL                 | AE                  | 7             |  |  |  |
| FORT WALTON BEACH - OKALOOSA COUNTY   | FL<br>FL           | AD                  | 6             | Add rows as necessary.                     |  |  |
| HURLBURT FIELD  | FL<br>FL           | AD                  | 6             |  |  |  |
| MARY ESTHER   |                    | AD                  | 6             |  |  |  |
| NICEVILLE NICEVILLE-OKALOOSA COUNTY   | FL<br>FL           | AC<br>AC            | 4             |  |  |  |
| SHALIMAR  | FL                 | AD                  |               |  |  |  |
| WALTON COUNTY   | FL                 | AF                  | 5<br>3        |  |  |  |
| WALION COUNT  | FL                 | AF                  | 3             |  |  |  |
|   |                    |                     |               |  |  |  |
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|   |                    |                     |               |  |  |  |
|   |                    |                     |               |  |  |  |
|   | 1                  | L                   |               | <u> </u>                                   |  |  |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

COX COMMUNICATIONS GULF COAST, LLC

034160

## Ε

#### 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.

| BLOCK 1  |             |             |          | BLOC                | K 2         |      |
|--|-------------|-------------|----------|---------------------|-------------|------|
|  | NO. OF      |             |          |                     | NO. OF      |      |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE        |          | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential:                                     |             |             |          |                     |             |      |
| <ul> <li>Service to first set</li> </ul>         | 109,339     | \$0-\$25.00 |          |                     |             |      |
| <ul> <li>Service to additional set(s)</li> </ul> | 174         | No Cost     |          |                     |             |      |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |             |          |                     |             |      |
| Motel, hotel                                     | 177         | \$0-\$25.00 |          |                     |             |      |
| Commercial                                       | 5,390       | \$0-\$25.00 |          |                     |             |      |
| Converter  |             |             |          |                     |             |      |
| Residential                                      | 206,949     | \$ 3.99     |          |                     |             |      |
| Non-residential                                  | 28,177      | \$ 3.99     |          |                     |             |      |
| ſ  | I           | T           | 1 (''''' |                     | 1           | T    |

## 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                                   | \$ 15.99    | Motel, hotel                  |             |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> | 10.00-32.00 | Commercial                    |             |                     |      |
| Fire protection                             |             | • Pay cable                   |             |                     |      |
| •Burglar protection                         |             | Pay cable-add'l channel       |             |                     |      |
| Installation: Residential                   |             | Fire protection               |             |                     |      |
| First set                                   | 20-100.00   | Burglar protection            |             |                     |      |
| Additional set(s)                           | \$ 25.00    | Other services:               |             |                     |      |
| • FM radio (if separate rate)               |             | Reconnect                     |             |                     |      |
| Converter                                   |             | Disconnect                    |             |                     |      |
|   |             | Outlet relocation             | \$0-\$50.00 |                     |      |
|   |             | Move to new address           | 20.00-50.00 |                     |      |
|   |             |                               |             |                     |      |

| FORM SA3E. PAGE 3.   |  |  |  |  | evetem ID#  |                                  |  |  |
|--|--|--|--|--|---|----------------------------------|--|--|
| LEGAL NAME OF OW   |  |  | et II.c  |  | SYSTEM ID#<br>034160  | Namo                             |  |  |
| COX COMMU  |  |  | SI, LLC  |  | 034160  |                                  |  |  |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program b  | e G, identify ever<br>e system during t<br>ations in effect of<br>76.61(e)(2) and (<br>asis, as explaine   | y television st<br>the accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next  | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.  | (1) stations carrine carriage of cer<br>1(e)(2) and (4))];   | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program  | Primary Transmitters: Television |  |  |
| basis under specifc F  | CC rules, regula   | ations, or auth  | norizations:   |  |   | relevision                       |  |  |
| station was carrie  List the station here  | 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 located in the pager SA3 form   |  |  |  |   |                                  |  |  |
| each multicast strear<br>cast stream as "WET<br>WETA-simulcast).   | m associated wit<br>A-2". Simulcast  | h a station ac<br>streams mus  | cording to its ov<br>t be reported in  | er-the-air designa<br>column 1 (list eac   | es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in   |                                  |  |  |
| its community of lice  | nse. For example   | e, WRC is Ch   | U  |  | may be different from the channel   |                                  |  |  |
| educational station, k<br>(for independent mul<br>For the meaning of th<br>Column 4: If the s<br>planation of local ser  | te in each case of the letticast), "E" (for namese terms, see station is outside vice area, see page 1.5 pt. 1 | whether the setter "N" (for noncommercial page (v) of the the local serage (v) of the  | etwork), "N-M" (<br>il educational), c<br>e general instru<br>vice area, (i.e. "c<br>general instruct  | for network multion "E-M" (for noncections located in the distant"), enter "Y ions located in the  | es". If not, enter "No". For an ex-   |                                  |  |  |
| •  |  | •  | ٠.   | •  | stering "LAC" if your cable system  |                                  |  |  |
| carried the distant sta<br>For the retransmis<br>of a written agreeme<br>the cable system and<br>tion "E" (exempt). Fo<br>explanation of these<br>Column 6: Give t<br>FCC. For Mexican or  | ation on a part-tission of a distant<br>nt entered into od<br>a primary trans<br>r simulcasts, als<br>three categories<br>he location of ea  | me basis becat multicast strand or before Justiniter or an a conter "E". If a, see page (vach station. Foons, if any, given  | ause of lack of a<br>eam that is not s<br>une 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general<br>or U.S. stations,<br>re the name of the   | activated channel subject to a royalte tween a cable sy senting the prima channel on any cinstructions locatelist the community with the community with the community with subject the community with the c | capacity.  y payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the h which the station is identifed.  |                                  |  |  |
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FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER **STATION** (If Distant) WMPV-1 No MOBILE, AL 21.1 ı WPMI-1 15.1 Ν No MOBILE, AL WPMI-2 I-M 15.2 No MOBILE, AL 15.3 I-M No WPMI-3 MOBILE, AL WSRE-1 Ε 23.1 No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL WSRE-4 23.4 E-M No PENSACOLA, FL WALA-3 10.3 I-M No MOBILE, AL WALA-4 10.4 I-M No MOBILE, AL WFNA-3 55.3 I-M No **GULF SHORES, AL** 

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) WALA-1 10.1 ı No MOBILE, AL WALA-2 10.2 I-M No MOBILE, AL WAWD-1 No 58.1 ı FT WALTON BEACH, FL WDPM-1 18.1 No MOBILE, AL WEAR-1 Ν No 3.1 PENSACOLA, FL WEAR-2 3.2 I-M No PENSACOLA, FL I-M No WEAR-3 3.3 PENSACOLA, FL WFBD-1 48.1 ı No DESTIN, FL 35.1 WFGX-1 No FT WALTON BEACH, FL WFGX-2 35.2 I-M No FT WALTON BEACH, FL WFGX-3 35.3 I-M No FT WALTON BEACH, FL WFNA-1 55.1 ı No **GULF SHORES, AL** WFNA-2 55.2 I-M No **GULF SHORES, AL** WJHG-1 7.1 Ν No PANAMA CITY, FL WJHG-3 7.3 N-M No PANAMA CITY, FL WJTC-1 44.1 ı No PENSACOLA, FL

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PENSACOLA, FL

MOBILE, AL

WJTC-2

WKRG-1

44.2

5.1

I-M

Ν

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB (2) 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WKRG-3 5.3 I-M No MOBILE, AL WMPV-1 21.1 ı No MOBILE, AL WPMI-1 15.1 Ν No MOBILE, AL 15.2 I-M No WPMI-2 MOBILE, AL WPMI-3 I-M No 15.3 MOBILE, AL WSRE-1 23.1 Ε No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL WSRE-4 23.4 E-M No PENSACOLA, FL WALA-3 10.3 No I-M MOBILE, AL WALA-4 10.4 I-M No MOBILE, AL WFNA-3 55.3 I-M No **GULF SHORES, AL** 

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PENSACOLA, FL

PENSACOLA, FL

MOBILE, AL

WJTC-1

WJTC-2

WKRG-1

44.1

44.2

5.1

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I-M

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No

No

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC (2) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WKRG-3 5.3 I-M No MOBILE, AL WMBB-1 PANAMA CITY, FL 13.1 Ν No WMBB-2 I-M 13.2 No PANAMA CITY, FL WMPV-1 No 21.1 I MOBILE, AL WPMI-1 Ν No 15.1 MOBILE, AL WPMI-2 15.2 I-M No MOBILE, AL WPMI-3 15.3 I-M No MOBILE, AL WSRE-1 23.1 Ε No PENSACOLA, FL 23.2 WSRE-2 E-M No PENSACOLA, FL WSRE-3 23.3 No E-M PENSACOLA, FL WSRE-4 23.4 E-M No PENSACOLA, FL WALA-3 10.3 I-M No MOBILE, AL WALA-4 10.4 I-M No MOBILE, AL

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**GULF SHORES, AL** 

WFNA-3

55.3

I-M

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PENSACOLA, FL

PENSACOLA, FL

MOBILE, AL

44.1

44.2

5.1

WJTC-2

WKRG-1

ı

I-M

Ν

No

No

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD (2) 1. CALL 2. B'CAST 3 TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WKRG-3 5.3 I-M No MOBILE, AL WMPV-1 21.1 ı No MOBILE, AL WPMI-1 15.1 Ν No MOBILE, AL 15.2 I-M No WPMI-2 MOBILE, AL WPMI-3 I-M No 15.3 MOBILE, AL WSRE-1 23.1 Ε No PENSACOLA, FL WSRE-2 23.2 E-M No PENSACOLA, FL WSRE-3 23.3 E-M No PENSACOLA, FL WSRE-4 23.4 E-M No PENSACOLA, FL WALA-3 10.3 No I-M MOBILE, AL WALA-4 10.4 I-M No MOBILE, AL WFNA-3 55.3 I-M No **GULF SHORES, AL** 

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) WECP-3 18.3 I-M No PANAMA CITY, FL WFSG-1 56.1 Ε No PANAMA CITY, FL WFSG-2 E-M 56.2 No PANAMA CITY, FL 56.3 No WFSG-3 E-M PANAMA CITY, FL Ν WJHG-1 7.1 No PANAMA CITY, FL WJHG-2 7.2 I-M No PANAMA CITY, FL WJHG-3 7.3 N-M No PANAMA CITY, FL WMBB-1 13.1 Ν No PANAMA CITY, FL 13.2 I-M PANAMA CITY, FL WMBB-2 No WPGX-1 28.1 ı No PANAMA CITY, FL WPGX-2 28.2 I-M No PANAMA CITY, FL WPGX-3 28.3 I-M No PANAMA CITY, FL WWEO-LD 24.1 ı No **DEFUNIAK SPRINGS, FL** WMBB-3 13.3 I-M No PANAMA CITY, FL

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant) NUMBER STATION WAWD-1 58.1 I No FT WALTON BEACH, FL WEAR-1 3.1 Ν No PENSACOLA, FL WEAR-2 I-M No 3.2 PENSACOLA, FL 3.3 I-M No WEAR-3 PENSACOLA, FL WECP-3 18.3 I-M No PANAMA CITY, FL WJHG-1 7.1 Ν No PANAMA CITY, FL WJHG-2 No 7.2 I-M PANAMA CITY, FL WJHG-3 N-M 7.3 No PANAMA CITY, FL WJTC-1 44.1 ı Yes 0 PENSACOLA, FL WMBB-1 13.1 Ν No PANAMA CITY, FL WMBB-2 13.2 I-M No PANAMA CITY, FL WPGX-1 28.1 No PANAMA CITY, FL ı WPGX-2 28.2 I-M No PANAMA CITY, FL WPGX-3 28.3 I-M No PANAMA CITY, FL WPMI-1 15.1 Ν Yes 0 MOBILE, AL WPMI-2

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

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MOBILE, AL

MOBILE, AL PENSACOLA, FL

15.2

15.3

23.1

WPMI-3

WSRE-1

I-M

I-M

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Yes

Yes

Yes

| FORM SA3E. PAGE 3.  |   |   |  |   | ACCOUNTI  | NG PERIOD: 2019/2                      |
|---|---|---|--|---|---|--|
| LEGAL NAME OF OWN   |   |   |  |   | SYSTEM ID#  | Name                                   |
| COX COMMUN  | ICATIONS (  | GULF COA  | ST, LLC  |   | 034160  |  |
| PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Basis Substitute Programmer SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast).  Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multifor the meaning of the Column 4: If the suble system carried the cable system carried the cable system and stion "E" (exempt). For | ERS: TELEVISIO G, identify ever system during t ions in effect or 6.61(e)(2) and ( sis, as explaine Stations: With CC rules, regula n here in space only on a subs and also in spa information cond orm. ch station's call associated wit A-2". Simulcast e channel numl se. For example ystem carried the in each case of mention is outside ice area, see po ave entered "Y he distant static ion on a part-ti- sion of a distant t entered into o a primary trans simulcasts, alse | y television st he accounting of June 24, 19 4), or 76.63 (red in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis. Seeming substitute basis over the FCC he station ac streams must be the FCC he station. Whether the significant whether the significant page (v) of the the local semant of the position of the station of the the local semant or before Jumitter or an accenter "E". If | ation (including g period, except 81, permitting the referring to 76.6 paragraph.  y distant stations orizations: t it in space I (the stion was carried tute basis station report origination coording to its over the reported in the station is a network), "N-M" (I educational), contained a sear (i.e. "General instruction area, (i.e. "General instruction accounting period | (1) stations carried e carriage of cert 1(e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designated column 1 (list each of the television statington, D.C. This park station, an indefer network multice or "E-M" (for noncottions located in the inner located channel is subject to a royalty extended channel is subject to a royalty extended on any of the inner located in the inner located channel is subject to a royalty extended channel on any of the inner located in a cable systematical inner located in the inner located in the inner located channel in a cable systematical inner located in the inner located in | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form the paper SA3 form. The paper SA3 form the paper SA3 form. The paper SA3 form the paper SA3 form the basis on which your tering "LAC" if your cable system capacity.  The paper sea for the subject term or an association representing the pasis, enter "O." For a further | Primary<br>Transmitters:<br>Television |
| Column 6: Give the  | e location of ea<br>Canadian static   | ch station. Fo<br>ons, if any, giv<br>nnel line-ups,  | or U.S. stations,<br>e the name of the<br>use a separate   | list the community<br>ne community with<br>space G for each   | ed in the paper SA3 form.  y to which the station is licensed by the name which the station is identifed.  channel line-up.   |  |
|   |   | CHANN   | EL LINE-UP   | AF (2)  |   |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |  |
| WSRE-2  | 23.2  | E-M   | Yes  | 0   | PENSACOLA, FL   |  |
| WSRE-3  | 23.3  | E-M   | Yes  | 0   | PENSACOLA, FL   |  |
| WSRE-4  | 23.4  | E-M   | Yes  | 0   | PENSACOLA, FL   |  |
| WMPV-TV-1   | 21.1  | I   | Yes  | 0   | MOBILE, AL  |  |
| WMBB-3  | 13.3  | I-M   | No   |   | PANAMA CITY, FL   |  |
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5.  |   |   |  |  |   |  | ACCOUNTING                              | PERIOD: 2019/2            |
|---|---|---|--|--|---|--|---|---------------------------|
| LEGAL NAME OF OWNER OF  |   |   |  |  |   |  | SYSTEM ID#                              | Name                      |
| COX COMMUNICATION   | NS GULF   | COAST, LL   | <u> </u>   |  |   |  | 034160                                  | Name                      |
| SUBSTITUTE CARRIAGE   |   |   |  |  |   |  |   | ı                         |
| In General: In space I, identi substitute basis during the ad   |   |   |  |  |   |  |   |                           |
| explanation of the programm   | • .   | •   | •  | -  |   |  |   | Substitute                |
| II. SPECIAL STATEMENT CONCENTING SUBSTITUTE CANNIAGE  |   |   |  |  |   | Carriage:<br>Special   |   |                           |
| <ul> <li>During the accounting per<br/>broadcast by a distant stat</li> </ul>   | •   | r cable system  | ı carry, on a substitute bas   | s, any nonne   | twork telev   | vision prog<br><b>⊡Ye</b> s  |   | Statement and Program Log |
| Note: If your answer is "No"  | ", leave the  | rest of this paς  | ge blank. If your answer is  | 'Yes," you mι  | ıst comple  | te the prog  | <sub>j</sub> ram                        | 3                         |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NB in was broad sign of the s adcast statio atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming | am on a separa attach additional network televition and that your authorization at use general of the separation of the | al pages. ision program (substitute pour cable system substitute so so See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period | rogram) that, d for the progeral instructio "basketball". lo." m. station is licenstation is identroprogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let | during the ramming cons located List special nsed by the httified). numerals, List the time 8:30 p.m. our system ter "P" if the | e accounting another so in the paper fic program e FCC or, with the names accurately acc | ng station per m in month ately sired o |                           |
| ,   |   | TE DDOCDAN  |  | WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON  |   | 7. REASON  |   |                           |
|   | 2. LIVE?  | E PROGRAM  3. STATION'S   |  | 5. MONTH   |   | TIMES  | FOR DELETION                            |                           |
| TITLE OF PROGRAM  | Yes or No   | CALL SIGN   | 4. STATION'S LOCATION  | AND DAY  | FROM  |  | O                                       |                           |
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name COX COMMUNICATIONS GULF COAST, LLC 034160 **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

|   | AL NAME OF OWNER OF CABLE SYSTEM:  OX COMMUNICATIONS GULF COAST, LLC   |          | ;                             | SYSTEM ID#<br>034160 | Name   |
|---|--|----------|-------------------------------|----------------------|--|
| Install all a                                 | OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seccidentifed in space E) during the accounting period. For a further explanation of how to ge (vii) of the general instructions.  | ondary   | transmission sen              | vice                 | K<br>Gross Receipts  |
| IMF   | Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.  |          | \$ 20,87 (Amount of gross red | 78,408.64<br>ceipts) |  |
| • Cor<br>• Cor<br>• If you<br>fee<br>• If you | PRIGHT ROYALTY FEE Inctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the after the state of the carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account. |          |                               | le                   | L<br>Copyright<br>Royalty Fee  |
|   | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should both 3 below.  | e enter  | red on line 1 of              |                      |  |
|   | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.   | entered  | d on line 2 in bloc           | ck                   |  |
|   | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | ould be  | entered on line               |                      |  |
| Block<br>1                                    | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K   |          | 064 percent of the            | 9<br>78,408.64       |  |
|   | Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.   |          | Ψ 20,01                       | 0,400.04             |  |
|   | This is your minimum fee.  | \$       | 22                            | 22,146.27            |  |
| Block<br>2                                    | space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and   | mn 4, yo | ou must check                 | n                    |  |
| Block<br>3                                    | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  |          | \$ 3                          | 33,266.79            |  |
|   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   |          |                               | 19,238.43            |  |
|   | Line 3. Add lines 1 and 2 and enter here   | \$       |                               | 32,505.22            |  |
| Block<br>4                                    | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  |          | \$ 22                         | 22,146.27            | Cable systems  |
|   | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente  |          |                               | 0.00                 | submitting<br>additional   |
|   | zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  |          |                               | 0.00                 | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |
|   | Line 4. FILING FEE   |          | \$                            | 725.00               | additional fees. Division for the appropriate                          |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here  | \$       | 22                            | 22,871.27            | form for submitting the  |
|   | EFT Trace # or TRANSACTION ID #  |          | I                             |                      | additional fees.   |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions  |          | • ()                          | .)                   |  |

|                               |  | SE. FAGE 6.         |  |  |  |  |  |  |  |  |
|-------------------------------|--|---------------------|--|--|--|--|--|--|--|--|
| Name                          | LEGAL NAME OF OWNER OF CABLE SYSTEM:  COX COMMUNICATIONS GULF COAST, LLC   | "STEM ID#<br>034160 |  |  |  |  |  |  |  |  |
|                               | , , , , , , , , , , , , , , , , , , ,  |                     |  |  |  |  |  |  |  |  |
|                               | CHANNELS   |                     |  |  |  |  |  |  |  |  |
| M                             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations   |                     |  |  |  |  |  |  |  |  |
| Channels                      | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  |                     |  |  |  |  |  |  |  |  |
|                               | Enter the total number of channels on which the cable  |                     |  |  |  |  |  |  |  |  |
|                               | system carried television broadcast stations   |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
|                               | Enter the total number of activated channels     on which the cable system carried television broadcast stations   |                     |  |  |  |  |  |  |  |  |
|                               | and nonbroadcast services  |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
| N                             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual   |                     |  |  |  |  |  |  |  |  |
|                               | we can contact about this statement of account.)   |                     |  |  |  |  |  |  |  |  |
| Individual to<br>Be Contacted |  |                     |  |  |  |  |  |  |  |  |
| for Further                   | Name BRYAN GOSS Telephone 404-269-4444   |                     |  |  |  |  |  |  |  |  |
| Information                   | Name BRYAN GUSS  |                     |  |  |  |  |  |  |  |  |
|                               | Address 6205 PEACHTREE DUNWOODY ROAD - 12 FLOOR  |                     |  |  |  |  |  |  |  |  |
|                               | (Number, street, rural route, apartment, or suite number)  |                     |  |  |  |  |  |  |  |  |
|                               | ATLANTA, GEORIGA 30328   |                     |  |  |  |  |  |  |  |  |
|                               | (City, town, state, zip)   |                     |  |  |  |  |  |  |  |  |
|                               | Email BRYAN.GOSS@COX.COM Fax (optional) 404-269-1607   |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
|                               | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  |                     |  |  |  |  |  |  |  |  |
| 0                             |  |                     |  |  |  |  |  |  |  |  |
| Certifcation                  | • 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 as identified in line 1 of space B and that the owner is not a corporation or partnership; or   |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
|                               | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system 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 contained herein are 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 /s/ Mary Vickers   |                     |  |  |  |  |  |  |  |  |
|                               | 15/ Mary Vickers   |                     |  |  |  |  |  |  |  |  |
|                               | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  |                     |  |  |  |  |  |  |  |  |
|                               | (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. |                     |  |  |  |  |  |  |  |  |
|                               | - MARY WOKERS  |                     |  |  |  |  |  |  |  |  |
|                               | Typed or printed name: MARY VICKERS  |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
|                               |  |                     |  |  |  |  |  |  |  |  |
|                               | Title: VICE PRESIDENT  |                     |  |  |  |  |  |  |  |  |
|                               | (Title of official position held in corporation or partnership)  |                     |  |  |  |  |  |  |  |  |
|                               | D 4 5 4 45 0000  |                     |  |  |  |  |  |  |  |  |
|                               | Date: February 15, 2020  |                     |  |  |  |  |  |  |  |  |

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 th 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 telephor 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 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: SYSTEM ID#  | Name   |
|--|--|
| COX COMMUNICATIONS GULF COAST, LLC 034160  |  |
| 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 in the | Special<br>Statement<br>Concerning<br>Gross Receipts |
| paper SA3 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?  | Exclusion  |
| X NO   |  |
| YES. Enter the total here and list the satellite carrier(s) below  |  |
| Name Mailing Address Mailing Address Mailing Address   |  |
| INTEREST ASSESSMENTS   |  |
| 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 in the paper SA3 form.   | Q  |
| Line 1 Enter the amount of late payment or underpayment  | Interest<br>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** enter here and on line 3, block 4, space L, (page 7)   |  |
| (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@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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.   |  |
| Owner Address  |  |
| First community served Accounting period ID number   |  |

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ACCOUNTING PERIOD: 2019/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

| • Independent: its type-value is                                 | 1.00 |
|--|------|
| Network: its type-value is                                       | 0.25 |
| Noncommercial educational: its type-value is                     | 0.25 |
| Note that lead stations are not counted at all in computing DSEs |      |

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

#### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within  $\varepsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

## COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located ir
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above;
   the total number of DSEs for that group's complement of stations;
   and
   the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

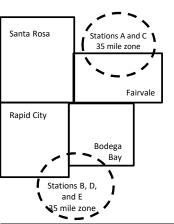
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

#### **EXAMPLE**:

#### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



|    | Distant Stations Carried |       | Identification | of Subscriber Groups   |                  |
|----|--------------------------|-------|----------------|------------------------|------------------|
|    | STATION                  | DSE   | CITY           | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)          | 1.0   |                | SERVICE AREA OF        | FROM SUBSCRIBERS |
| ;  | B (independent)          | 1.0   | Santa Rosa     | Stations A, B, C, D ,E | \$310,000.00     |
|    | C (part-time)            | 0.083 | Rapid City     | Stations A and C       | 100,000.00       |
|    | D (part-time)            | 0.139 | Bodega Bay     | Stations A and C       | 70,000.00        |
|    | E (network)              | 0.25  | Fairvale       | Stations B, D, and E   | 120,000.00       |
|    | TOTAL DSFs               | 2 472 |                | TOTAL GROSS RECEIPTS   | \$600,000,00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

|                              |              | φο,οο 1.οο                  |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)                               |                            |                                  |                     |                          |          |
|----------------------|---|----------------------------|----------------------------------|---------------------|--------------------------|----------|
| 4                    | LEGAL NAME OF OWNER OF CABL                     | E SYSTEM:                  |                                  |                     | S'                       | STEM ID# |
| ı                    | COX COMMUNICATION                               | S GULF COA                 | ST, LLC                          |                     |                          | 034160   |
|                      | SUM OF DSEs OF CATEGOR                          | RY "O" STATION             | NS:                              |                     |                          |          |
|                      | Add the DSEs of each station                    |                            |                                  |                     |                          |          |
|                      | Enter the sum here and in line                  | 1 of part 5 of this        | s schedule.                      |                     | 5.25                     |          |
| 2                    | Instructions:                                   |                            |                                  |                     |                          |          |
| 2                    | In the column headed "Call S                    | <b>Sign":</b> list the cal | ll signs of all distant stations | s identified by the | e letter "O" in column 5 |          |
| Computation          | of space G (page 3). In the column headed "DSE" | : for each indepe          | endent station, give the DSI     | E as "1.0"; for ea  | ach network or noncom-   |          |
| of DSEs for          | mercial educational station, giv                |                            |                                  |                     |                          |          |
| Category "O"         |   |                            | CATEGORY "O" STATION             |                     |                          |          |
| Stations             | CALL SIGN                                       | DSE                        | CALL SIGN                        | DSE                 | CALL SIGN                | DSE      |
|                      | WJTC-1  | 1.000                      |                                  |                     |                          |          |
|                      | WPMI-1  | 0.250                      |                                  |                     |                          |          |
|                      | WPMI-2  | 1.000                      |                                  |                     |                          |          |
|                      | WPMI-3  | 1.000                      |                                  |                     |                          |          |
| Add rows as          | WSRE-1<br>WSRE-2                                | 0.250                      |                                  |                     |                          |          |
| necessary.           | WSRE-3  | 0.250<br>0.250             |                                  |                     |                          |          |
| Remember to copy     | WSRE-4  | 0.250                      |                                  |                     |                          |          |
| all formula into new | WMPV-TV-1                                       | 1.000                      |                                  |                     |                          |          |
| rows.                |   | 1.000                      |                                  |                     |                          |          |
|                      |   |                            |                                  |                     |                          |          |
|                      |   |                            |                                  |                     |                          |          |
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|                      |   |                            |                                  |                     |                          |          |
|                      |   |                            |                                  |                     |                          |          |

| Name  |  | DWNER OF CABLE SYSTEM:<br>UNICATIONS GULF  | COAST, LLC  |   |   |  | S  | YSTEM ID#<br>034160 |
|---|--|--|---|---|---|--|--|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should a Column 3 Column 4 be carried out Column 5 give the type- Column 6   | st the call sign of all dista<br>:: For each station, give to<br>correspond with the infor<br>:: For each station, give to<br>:: Divide the figure in colu<br>at least to the third decir<br>:: For each independent of<br>value as ".25."<br>:: Multiply the figure in colu | he number of he mation given in he total number umn 2 by the fig mal point. This is station, give the olumn 4 by the fi   | ours your cable systemed space J. Calculate or or of hours that the statemer in column 3, and one is the "basis of carriage "type-value" as "1.0." igure in column 5, and one is the space of the | m carried the sta<br>ally one DSE for a<br>ion broadcast over<br>give the result in<br>e value" for the s<br>For each netwo | ation during the accounting<br>each station.<br>ver the air during the acc<br>decimals in column 4. T                                  | ounting period. his figure must ucational station, |                     |
| Capacity  |  | C  | CATEGORY  | LAC STATIONS:   | COMPUTAT  | ION OF DSFs  |  |                     |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI   | R<br>JRS<br>ED BY   | 3. NUMBER OF HOURS STATION ON AIR   | 4. BASIS OF<br>CARRIAC<br>VALUE   | 5. TYPE  |  | ìΕ                  |
|   |  |  | ÷   |   |   | x  | =  |                     |
|   |  |  | ÷<br>÷  |   |   | <u>x</u>   | =  |                     |
|   |  |  | ÷   |   |   | x<br>x   | <u>=</u>   |                     |
|   |  |  | ÷   | -   | =   | x  | =  |                     |
|   |  |  | ÷   |   | =   | x  | =  |                     |
|   |  |  | ÷<br>÷  |   | <mark></mark>   | X<br>X   | =  |                     |
|   | Add the DSEs   | OF CATEGORY LAC Sof each station. Im here and in line 2 of p   |   | edule,  |   | 0.00   |  |                     |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried tions in efferations in efferations in efferations and the space I).     Column 2: at your option.     Column 3: Column 4: | ect on October 19, 1976 ( one or more live, nonnetw  For each station give the This figure should corres  Enter the number of days  Divide the figure in colum  This is the station's DSE  | itution for a programs shown by the ork programs du number of live, spond with the is in the calendar (For more inforror as shown or a by the figur (For more inforrors). | gram that your system e letter "P" in column in column in the column in | was permitted of 7 of space I); an age (as shown by s carried in substance the result in ceep age (viii) of                 | to delete under FCC ruled to the word "Yes" in column stitution for programs that olumn 4. Round to no less the general instructions i | 2 of<br>t were deleted<br>es than the third        | rm).                |
|   | Т  | SU   | BSTITUTE-E  | BASIS STATION   |   | ATION OF DSEs  | Т  | 1                   |
|   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBE<br>OF DAYS<br>IN YEAR  | S   | 1. CALL<br>SIGN   | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR                    | 4. DSE              |
|   |  |  |   |   |   |  | ÷<br>•   | =                   |
|   |  |  |   |   |   |  | ÷  |                     |
|   |  | -  |   | =   |   |  | ÷  | =                   |
|   |  |  |   | =   |   |  | ÷  | =                   |
|   | Add the DSEs   | # OF SUBSTITUTE-BAS<br>of each station.<br>Im here and in line 3 of p  | IS STATIONS:  | edule,  |   | 0.00   | )  | =                   |
| 5 Total Number of DSEs  | number of DSEs<br>1. Number of<br>2. Number of   | s applicable to your syster f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●   |   | poxes in parts 2, 3, and  | 4 of this schedul   | e and add them to provide  | 5.25<br>0.00<br>0.00                               | 5.25                |
|   |  |  |   |   |   | ·  | 1  |                     |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

| COX COMMUN   |   |   | ST, LLC   |  |   |  | S'  | YSTEM ID#<br>034160 | Name  |
|--|---|---|---|--|---|--|---|---------------------|---|
| Instructions: Blod<br>In block A: If your answer if<br>schedule. If your answer if | "Yes," leave the re   | emainder of   | •   | 7 of the DSE sche  | edule blank an  | nd complete pa   | art 8, (page 16) of                                 | the                 | 6   |
| 11 your answer in  | 140, complete bit   |   |   | ELEVISION MA   | ARKETS  |  |   |                     | Computation of                                      |
| l <u>=</u>   | 1981?   | outside of all  | major and sma   |  | fined under se  |  |   | gulations in        | 3.75 Fee  |
|  |   | BLO   | CK B: CARR  | IAGE OF PERI   | MITTED DS   | Es   |   |                     | ]   |
| Column 1:<br>CALL SIGN   | under FCC rules   | and regulati<br>ne DSE Sche   | ons prior to Jur<br>edule. (Note: Th  | part 2, 3, and 4 of<br>ne 25, 1981. For fu<br>ne letter M below r<br>Act of 2010.) | urther explana  | tion of permitt  | ted stations, see t                                 | he                  |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE                                     | (Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre | ales and regued pursuant on as define al education destation (76. or DSE schee ant to individuously carrium of the station of | ulations cited by<br>to the FCC ma<br>d in 76.5(kk) (7<br>al station [76.5<br>65) (see parag<br>dule).<br>ual waiver of F<br>ed on a part-tin<br>vithin grade-B | ne or substitute ba<br>contour, [76.59(d)(   | se in effect or<br>(6.57, 76.59(b)<br>e)(1), 76.63(a<br>63(a) referring<br>bstitution of gr | n June 24, 198<br>), 76.61(b)(c),<br>) referring to 7<br>g to 76.61(d)<br>randfathered s | 76.63(a) referring<br>76.61(e)(1<br>stations in the |                     |   |
| Column 3:  |   | e stations ide  | entified by the I   | n parts 2, 3, and 4<br>etter "F" in column   |   |  | worksheet on pag                                    | e 14 of             |   |
| 1. CALL  | 2. PERMITTED  | 3. DSE  | 1. CALL   | 2. PERMITTED   | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED  | 3. DSE              |   |
| SIGN<br>WPMI-2   | BASIS   | 1.00  | SIGN<br>WMPV-TV-  | BASIS  | 1.00  | SIGN   | BASIS   |                     | -   |
| WPMI-3   | M   | 1.00  |   |  | 1.00  |  |   |                     |   |
| WSRE-1   | С   | 0.25  |   |  |   |  |   |                     |   |
| WSRE-2   | M   | 0.25  |   |  |   |  |   |                     |   |
| WSRE-3   | М   | 0.25  |   |  |   |  |   |                     |   |
| WSRE-4   | M   | 0.25  |   |  | •   |  |   |                     |   |
|  |   | E   | BLOCK C: CO   | MPUTATION OF   | 3.75 FEE  |  |   | 4.00                |   |
|  |   |   |   |  |   |  |   |                     |   |
| Line 1: Enter the<br>Line 2: Enter the   |   |   |   |  |   |  | n-  |                     |   |
| Line 3: Subtract<br>(If zero, I  |   |   |   | r of DSEs subjec<br>7 of this schedu   |   | rate.  |   |                     |   |
| Line 4: Enter gro  | oss receipts from   | space K (p  | page 7)   |  |   |  | x 0.03  | 375                 | Do any of the DSEs represent partially              |
| Line 5: Multiply I   | ine 4 by 0.0375   | and enter s   | um here   |  |   |  | ×   |                     | permited/<br>partially<br>nonpermitted<br>carriage? |
| Line 6: Enter tota   | al number of DS   | Es from line  | 3   |  |   |  | "   |                     | If yes, see part<br>9 instructions.                 |
| Line 7: Multiply I   | ine 6 by line 5 ar  | nd enter he   | re and on line  | 2, block 3, spac   | e L (page 7)  |  |   | 0.00                |   |

| 6          |        |                       |                 |         |                       |                 |        |                       |                 |
|------------|--------|-----------------------|-----------------|---------|-----------------------|-----------------|--------|-----------------------|-----------------|
| R          | _      |                       | JED)            | (CONTIN | ION MARKETS           | A: TELEVIS      | BLOCK  |                       |                 |
| U          | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE  | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN | 3. DSE | 2. PERMITTED<br>BASIS | 1. CALL<br>SIGN |
| Computatio |        |                       |                 |         |                       |                 |        |                       |                 |
| 3.75 Fee   |        |                       |                 |         |                       |                 |        |                       |                 |
|            |        |                       |                 |         |                       |                 |        |                       |                 |
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| Name  | LEGAL NAME OF OWN  |  |  |   |   |  |  |  | S  | YSTEM ID# |
|---|--|--|--|---|---|--|--|--|--|-----------|
|   | COX COMMUN   | ICATIONS   | GULF COAST,  | LLC   |   |  |  |  |  | 034160    |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried pric<br>Column 1: List the of<br>Column 2: Indicate<br>Column 3: Indicate<br>Column 4: Indicate<br>(Note that the Fit<br>A—Part-time spy<br>76.59)<br>B—Late-night pr<br>76.61(<br>S—Substitute ca<br>genera<br>Column 5: Indicate<br>Column 6: Compare<br>in block | or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programming: (e)(3)). arriage under all instructions the station's le the DSE fig. B, column 3 information yet. | 1981, under former ach distant station in his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, or 0)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state gu give in columns is stated. | r FCC rules gov<br>dentifed by the<br>gle accounting p<br>n which the car<br>ne station was ca-<br>elow pertain to the<br>in a part-time ba-<br>ring to 76.61(e)<br>C rules, sections<br>regulations, or a<br>form.<br>accounting per<br>ns 2 and 5 and<br>tion.<br>2, 3, and 4 mus | verr<br>lett<br>peri<br>riag<br>arri<br>thos<br>asis<br>(1)<br>s 76<br>auth<br>riod<br>list | entifed by the letter "F" ining part-time and subter "F" in column 2 of piod, occurring between ge and DSE occurred ge and DSE occurred ied by listing one of these in effect on June 24s, of specialty program.). 6.59(d)(3), 76.61(e)(3) horizations. For furthe las computed in parts the smaller of the two e accurate and is subj | stitute carri<br>part 6 of the<br>n January 1<br>(e.g., 1981/<br>e following<br>4, 1981.<br>nming unde<br>d, or 76.63 (<br>r explanation<br>2, 3, and 4<br>o figures her | age. DSE schedule, 1978 and Jur 1) letters  r FCC rules, se referring to on, see page (v of this schedule. This figure | ene 30, 19 ections  vi) of the should be | e enterer |
|   |  | PERMITT  | ED DSE FOR STA   | TIONS CARRIE  | ΞD  | ON A PART-TIME AN  | ID SUBSTI  | TUTE BASIS   |  |           |
|   | 1. CALL  | 2. PRI   | OR 3. ACC  | COUNTING  |   | 4. BASIS OF  | 5. PF  | RESENT   | 6. P                                     | ERMITTED  |
|   | SIGN   | DSE  | PI   | ERIOD   |   | CARRIAGE   | Γ  | OSE  |  | DSE       |
|   |  | •  |  |   |   |  |  |  |  |           |
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|   |  |  |  |   |   |  |  |  |  |           |
| <b>7</b> Computation of the   | •  | "Yes," comple  | ete blocks B and C,  |   | ра  | rt 8 of the DSE sched  | ule.   |  |  |           |
| Syndicated  |  |  | BLOCK  | K A: MAJOR  | TE  | LEVISION MARK  | ET   |  |  |           |
| Exclusivity   |  |  |  |   |   |  |  |  |  |           |
| Surcharge   |  | •  |  | or television marl  | ket   | as defined by section 7  |  | rules in effect J  | une 24, 1                                | 1981?     |
|   | X Yes—Complete   | blocks B and   | IC.  |   |   | No—Proceed to  | part 8   |  |  |           |
|   | BLOCK B: Ca  | arriage of VH  | F/Grade B Contour  | Stations  |   | BLOCK  | C: Compu   | tation of Exem   | pt DSEs                                  | ;         |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca  | ion that place   |  |   |   | Was any station listed<br>nity served by the cab<br>to former FCC rule 76  | le system p  |  |  |           |
|   | Yes—List each s  X No—Enter zero a   |  | th its appropriate peri<br>part 8.   | mitted DSE  |   | Yes—List each st  X No—Enter zero a  |  |  | ate permi                                | tted DSE  |
|   | CALL SIGN  | DSE  | CALL SIGN  | DSE   |   | CALL SIGN  | DSE  | CALL SIG   | iN                                       | DSE       |
|   |  |  |  |   |   |  |  |  |  |           |
|   |  |  | -  |   |   |  |  |  |  |           |
|   |  |  | -  |   |   |  |  |  |  |           |
|   |  |  |  |   |   |  |  |  |  |           |
|   |  | •  | -  |   |   |  |  |  |  |           |
|   |  |  |  |   |   |  |  |  |  |           |
|   |  |  | TOTAL DOS  | 0.00  |   |  |  | TOTAL  |  | 0.00      |
|   |  |  | TOTAL DSEs   | 0.00  |   |  |  | TOTAL DS   | ⊫S                                       | 0.00      |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: COX COMMUNICATIONS GULF COAST, LLC  | SYSTEM ID#<br>034160 | Name                      |
|---------------|--|----------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                      |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 20,878,408.64        | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7   | 0.00                 | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7  | 0.00                 | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.  | 0.00                 | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |                      |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                      |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      Yes—Complete part 9 of this schedule.      X No—Complete the applicable section below.  |                      |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | SE                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)  |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section.1)   |                      |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here   |                      |                           |
|               | D. Multiply line B by line C and enter here  |                      |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.   |                      |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                      |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                      |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                      |                           |
|               | C. Multiply line B by 3.000 and enter here   |                      |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$  |                      |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                      |                           |
|               | F. Multiply line D by line E and enter here  |                      |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge.  |                      |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                      |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                      |                           |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.   |                      |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1) | SE                   |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |                      |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here   |                      |                           |
|               | D. Multiply line B by line C and enter here  |                      |                           |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge   |                      |                           |

| Name                     |                 | ME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |
|--------------------------|-----------------|---|------------|
|                          | (               | COX COMMUNICATIONS GULF COAST, LLC  | 034160     |
| 7                        | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  |            |
| Computation of the       |                 | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$  |            |
| Syndicated               |                 | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$  |            |
| Exclusivity<br>Surcharge |                 | C. Multiply line B by 3.000 and enter here  |            |
|                          |                 | D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ _\$  |            |
|                          |                 | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.   |            |
|                          |                 | F. Multiply line D by line E and enter here.  |            |
|                          |                 | G. Add lines A, C, and F. This is your surcharge.   |            |
|                          |                 | Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge▶ \$   |            |
|                          |                 |   | -          |
|                          |                 | ctions:   | a art      |
| 8                        |                 | ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5.  | part       |
| Computation              |                 | ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.<br>Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.                                     |            |
| of                       | -               | ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B b  | elow       |
| Base Rate Fee            | blank<br>What i | :.<br>is <b>a partially distant station?</b> A station is "partially distant" if, at the time your system carried it, some of your subscribers  |            |
|                          |                 | ocated within that station's local service area and others were located outside that area. For the definition of a station's "lo  |            |
|                          | service         | e area," see page (v) of the general instructions.  |            |
|                          |                 | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |            |
|                          | • Did y         | our cable system retransmit the signals of any partially distant television stations during the accounting period?  |            |
|                          |                 | X Yes—Complete part 9 of this schedule. No—Complete the following sections.   |            |
|                          |                 | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |            |
|                          | Section<br>1    | Enter the amount of gross receipts from space K (page 7) ▶\$  |            |
|                          | Section         | Enter the total number of permitted DSEs from block B, part 6 of this schedule.   |            |
|                          | 2               | (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶  |            |
|                          | Section         |   |            |
|                          | 3               | If the figure in section 2 is <b>4.000</b> or less, compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. |            |
|                          |                 | A. Enter 0.01064 of gross receipts  (the amount in section 1)   |            |
|                          |                 | B. Enter 0.00701 of gross receipts  (the amount in section 1)   |            |
|                          |                 | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here   |            |
|                          |                 | D. Multiply line B by line C and enter here   |            |
|                          |                 | E. Add lines A, and D. This is your base rate fee. Enter here   | 1          |
|                          |                 | and in block 3, line 1, space L (page 7)  Base Rate Fee   | 0.00       |
|                          |                 | Dase Rate Fee   | <u></u>    |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#           |                            |
|---|----------------------|----------------------------|
| COX COMMUNICATIONS GULF COAST, LLC  | 034160               | Name                       |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.   |                      |                            |
| 4 A. Enter 0.01064 of gross receipts  |                      | 8                          |
| (the amount in section 1)   |                      |                            |
| B. Enter 0.00701 of gross receipts  |                      | Computation                |
| (the amount in section 1) \$  |                      | of                         |
| C. Multiply line B by 3.000 and enter here  |                      | Base Rate Fee              |
| D. Enter 0.00330 of gross receipts  |                      |                            |
| (the amount in section 1) \$  |                      |                            |
| E. Subtract 4.000 from total DSEs   |                      |                            |
| (the figure in section 2) and enter here  |                      |                            |
| F. Multiply line D by line E and enter here <b>\$</b>   |                      |                            |
| G. Add lines A, C, and F. This is your base rate fee.   |                      |                            |
| Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$  | 0.00                 |                            |
|   |                      |                            |
| <b>IMPORTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple characteristics.  | •                    | 9                          |
| Space G.  In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate  | e fee, to exclude    | Computation                |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tal  | ·                    | of                         |
| exclusion, you must:  |                      | Base Rate Fee and          |
| <b>First:</b> Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distastation or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the same group of stations.  |                      | Syndicated                 |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee  Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  |                      | Exclusivity<br>Surcharge   |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemp  |                      | for<br>Partially           |
| also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only.  |                      | Distant<br>Stations, and   |
| How to Identify a Subscriber Group for Partially Distant Stations   |                      | for Partially<br>Permitted |
| <b>Step 1:</b> For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.   | station you          | Stations                   |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to that the same token, the station is distant to the subscriber.)   |                      |                            |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dist   | ant. Each            |                            |
| subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Not system will have only one subscriber group when the distant stations it carried have local service areas that coincide.   | e that a cable       |                            |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your groups.   | system's subscriber  |                            |
| In each section:  |                      |                            |
| <ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to the subscriber group.</li> </ul>   | to all of the        |                            |
| subscribers in the group.   |                      |                            |
| • If:   | o it in norte 2, 2   |                            |
| 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave and 4 of this schedule; or,  | ∍ it iii palts ∠, 3, |                            |
| <ol><li>any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it<br/>part 6 of this schedule.</li></ol>   | in block B,          |                            |
| • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                      |                            |
| • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene in the paper SA3 form.  | ral instructions     |                            |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do not | that is, the total   |                            |

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actual calculations on the form.

# DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 034160 COX COMMUNICATIONS GULF COAST, LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| EGAL NAME OF OWNE           |              |                       | С       |  |         | S                        | YSTEM ID#<br>034160 |  |
|-----------------------------|--------------|-----------------------|---------|--|---------|--------------------------|---------------------|--|
| В                           |              |                       |         | TE FEES FOR EACH                             |         |                          |                     |  |
|                             |              | SUBSCRIBER GROU       |         |  |         | SUBSCRIBER GROU          |                     |  |
| COMMUNITY/ AREA             | Pensac       | ola & Escambia (      | County  | COMMUNITY/ AREA                              | Crestvi | w & Crestview-Okaloosa C |                     |  |
| CALL SIGN                   | DSE          | CALL SIGN             | DSE     | CALL SIGN                                    | DSE     | CALL SIGN                | DSE                 |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
| otal DSEs                   |              |                       | 0.00    | Total DSEs                                   |         |                          | 0.00                |  |
| ross Receipts First G       | roup         | \$ 9,671              | ,073.37 | Gross Receipts Secon                         | d Group | \$ 1,95                  | 6,971.88            |  |
| <b>ase Rate Fee</b> First G | roup         | \$                    | 0.00    | Base Rate Fee Secon                          | d Group | \$                       | 0.00                |  |
|                             | THIRD        | SUBSCRIBER GROU       | JP      |  | FOURTH  | I SUBSCRIBER GROU        | JP                  |  |
| OMMUNITY/ AREA              | Walton       | County                |         | COMMUNITY/ AREA                              | Destin, | Niceville and Oka        | d Okaloosa Co       |  |
| CALL SIGN                   | DSE          | CALL SIGN             | DSE     | CALL SIGN                                    | DSE     | CALL SIGN                | DSE                 |  |
| PMI-2                       | 1.00         |                       |         |  |         |                          |                     |  |
| 'PMI-3<br>'SRE-1            | 1.00<br>0.25 |                       |         |  |         |                          |                     |  |
| SRE-2                       | 0.25         |                       |         |  |         |                          |                     |  |
| SRE-3                       | 0.25         |                       |         |  |         |                          |                     |  |
| SRE-4                       | 0.25         |                       |         |  |         |                          |                     |  |
| /MPV-TV-1                   | 1.00         |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
|                             |              |                       |         |  |         |                          |                     |  |
| otal DSEs                   |              |                       | 4.00    | Total DSEs                                   |         |                          | 0.00                |  |
| ross Receipts Third 0       | Group        | s 1.050               | ,419.77 | Gross Receipts Fourth                        | Group   | \$ 3,58                  | 38,766.68           |  |
|                             | P            | - 1,000               | ,       | 3.555 . (Goodpio i Guitti                    | . 5.5up |                          | 3,. 30.30           |  |
| Base Rate Fee Third G       | Group        | \$ 33                 | ,266.79 | Base Rate Fee Fourth                         | Group   | \$                       | 0.00                |  |
|                             | ne base rat  | e fees for each subsc |         | Base Rate Fee Fourth as shown in the boxes a |         |                          | 33,266.79           |  |

|                   |               |              |                       | С       |                   |          | LEGAL NAME OF OWNE COX COMMUNICA |
|-------------------|---------------|--------------|-----------------------|---------|-------------------|----------|----------------------------------|
|                   | R GROUP       | SUBSCRIBER ( | FEES FOR EACH         | BASE RA | COMPUTATION OF    | OCK A: C | BL                               |
|                   | SCRIBER GROUP |              |                       |         | SUBSCRIBER GROU   |          |                                  |
| Computat          |               | Cinco Bayou, | COMMUNITY/ AREA       |         | FB and Shalimar   | Eglin A  | COMMUNITY/ AREA                  |
| DSE of            | ALL SIGN      | DSE CAI      | CALL SIGN             | DSE     | CALL SIGN         | DSE      | CALL SIGN                        |
| Base Rate and     |               |              |                       |         | -                 |          |                                  |
| Syndicat          |               |              |                       |         |                   |          |                                  |
| Exclusiv          |               |              |                       |         |                   | -        |                                  |
| Surcharg          |               |              |                       |         |                   |          |                                  |
| for               |               |              |                       |         |                   | -        |                                  |
| Partially Distant |               |              |                       |         |                   |          |                                  |
| Stations          |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         | -                 |          |                                  |
|                   |               |              |                       |         |                   | -        |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         |                   |          |                                  |
| 0.00              |               |              | otal DSEs             | 0.00    |                   | •        | otal DSEs                        |
| 4,098,898.34      | 4 098         | d Group \$   | Gross Receipts Secon  | 155.43  | <b>\$</b> 173,    | roup     | Gross Receipts First G           |
| 4,030,030.34      | 4,030         | J Gloup #    | oross receipts Secon  | 133.43  | 175,              | юцр      | oross Necelpts i list Gi         |
| 0.00              |               | l Group \$   | Base Rate Fee Second  | 0.00    | \$                | roup     | Base Rate Fee First Gr           |
| GROUP             | SCRIBER GROUP | EIGHTH SUBS  |                       | JP      | SUBSCRIBER GROU   | SEVENTH  | S                                |
| <b>O</b>          |               |              | COMMUNITY/ AREA       | ton Co  | rt & Freeport/Wal | Freepoi  | COMMUNITY/ AREA                  |
| DSE               | ALL SIGN      | DSE CAI      | CALL SIGN             | DSE     | CALL SIGN         | DSE      | CALL SIGN                        |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         | -                 |          |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         | -                 |          |                                  |
|                   |               |              |                       |         | -                 | -        |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               | -            |                       |         |                   | -        |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         |                   | -        |                                  |
|                   |               |              |                       |         |                   |          |                                  |
|                   |               |              |                       |         |                   |          |                                  |
| 0.00              |               |              | otal DSEs             | 0.00    |                   |          | otal DSEs                        |
|                   |               |              |                       | 123.17  | s 359.            | Group    | Gross Receipts Third G           |
| 0.00              |               | Group \$     | Gross Receipts Fourth | 123.17  | <del>-</del> ,    |          |                                  |
| 0.00              |               | Group \$     | Gross Receipts Fourth | 123.17  |                   |          | γ                                |

| LEGAL NAME OF OWNE                                    |        |                  | С           |                         |         | Sì                 | O34160     | Name                 |
|---|--------|------------------|-------------|-------------------------|---------|--------------------|------------|----------------------|
| Bl  |        |                  |             | TE FEES FOR EACH        |         |                    |            |                      |
|   | FIRST  | SUBSCRIBER GROU  | JP          |                         | SECOND  | SUBSCRIBER GROU    | Р          | 0                    |
| COMMUNITY/ AREA                                       | Pensac | ola & Escambia ( | County      | COMMUNITY/ AREA         | Crestvi | ew & Crestview-Ol  | kaloosa Cı | <b>9</b> Computation |
| CALL SIGN   | DSE    | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN          | DSE        | of                   |
|   |        |                  |             |                         |         |                    |            | Base Rate Fe         |
|   |        |                  |             |                         |         |                    |            | and                  |
|   |        |                  |             |                         |         |                    |            | Syndicated           |
|   |        | _                |             |                         |         |                    |            | Exclusivity          |
|   |        |                  |             |                         |         |                    |            | Surcharge            |
|   |        | -                |             |                         |         |                    |            | for                  |
|   |        |                  |             |                         |         |                    |            | Partially            |
|   |        |                  |             |                         |         |                    |            | Distant<br>Stations  |
|   |        |                  |             |                         |         |                    |            | <b>3เสแบทร</b>       |
|   |        |                  |             |                         | <b></b> |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
| Total DSEs  | •      |                  | 0.00        | Total DSEs              | •       |                    | 0.00       |                      |
| Gross Receipts First G                                | roup   | \$ 9,671,        | 073.37      | Gross Receipts Secon    | d Group | \$ 1,93            | 86,971.88  |                      |
| <b>Base Rate Fee</b> First G                          | roup   | \$               | 0.00        | Base Rate Fee Secon     | d Group | \$                 | 0.00       |                      |
|   | THIRD  | SUBSCRIBER GROU  | JP          |                         | FOURTH  | SUBSCRIBER GROUP   |            |                      |
| COMMUNITY/ AREA                                       | Walton | County           |             | COMMUNITY/ AREA         | Destin, | Niceville and Okal | oosa Co    |                      |
| CALL SIGN   | DSE    | CALL SIGN        | DSE         | CALL SIGN               | DSE     | CALL SIGN          | DSE        |                      |
| WJTC-1  | 1.00   |                  |             |                         |         |                    |            |                      |
| WPMI-1  | 0.25   |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         | <b></b> |                    |            |                      |
|   |        |                  |             |                         |         |                    |            |                      |
|   |        |                  |             |                         |         |                    | <u></u>    |                      |
|   |        |                  |             |                         |         |                    |            |                      |
| Total DSEs  |        |                  | 1.25        | Total DSEs              |         |                    | 0.00       |                      |
| Gross Receipts Third C                                | Group  | \$ 1,050,        | 419.77      | Gross Receipts Fourth   | Group   | \$ 3,58            | 88,766.68  |                      |
| Base Rate Fee Third G                                 | Group  | \$ 49,           | 238.43      | Base Rate Fee Fourth    | Group   | \$                 | 0.00       |                      |
| <b>Base Rate Fee:</b> Add the Enter here and in block |        |                  | riber group | as shown in the boxes a | above.  | \$ 4               | 19,238.43  |                      |

| Name                      | STEM ID#<br>034160 | SYS                                 |         |                      | С      |                                   |        | COX COMMUNICA                |
|---------------------------|--------------------|-------------------------------------|---------|----------------------|--------|-----------------------------------|--------|------------------------------|
|                           | <u> </u>           | IBER GROUP<br>SUBSCRIBER GROUP      |         | TE FEES FOR EACH     |        | COMPUTATION OF<br>SUBSCRIBER GROU |        | BL                           |
| <b>9</b> Computatio       |                    | sayou, Mary Esther,                 |         | COMMUNITY/ AREA      |        | FB and Shalimar                   |        | COMMUNITY/ AREA              |
| of                        | DSE                | CALL SIGN                           | DSE     | CALL SIGN            | DSE    | CALL SIGN                         | DSE    | CALL SIGN                    |
| Base Rate F               |                    |                                     |         |                      |        |                                   |        |                              |
| and                       |                    |                                     |         |                      |        |                                   |        |                              |
| Syndicated<br>Exclusivity |                    |                                     |         |                      |        |                                   |        |                              |
| Surcharge                 |                    |                                     |         |                      |        | -                                 |        |                              |
| for                       |                    |                                     |         |                      |        |                                   |        |                              |
| Partially<br>Distant      |                    |                                     |         |                      |        |                                   |        |                              |
| Stations                  |                    |                                     |         |                      |        |                                   |        |                              |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           | 0.00               |                                     |         | Total DSEs           | 0.00   |                                   | -      | Total DSEs                   |
|                           | 8,898.34           | Second Group <b>\$ 4,098,898.34</b> |         |                      | 155.43 | <b>\$</b> 173,                    | oup    | Gross Receipts First G       |
|                           | 0.00               | \$                                  | d Group | Base Rate Fee Second | 0.00   | \$                                | oup    | <b>Base Rate Fee</b> First G |
|                           |                    |                                     |         |                      |        |                                   |        |                              |
|                           | )                  | SUBSCRIBER GROUP                    | EIGHTH  |                      | JP     | SUBSCRIBER GROU                   | EVENTH | (                            |
|                           | 0                  | SUBSCRIBER GROUP                    | EIGHTH  | COMMUNITY/ AREA      |        |                                   |        |                              |
|                           | _                  | SUBSCRIBER GROUP                    | EIGHTH  | COMMUNITY/ AREA      |        |                                   |        |                              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | COMMUNITY/ AREA              |
|                           | 0                  |                                     |         |                      | ton Co | rt & Freeport/Wal                 | Freepo | CALL SIGN                    |
|                           | DSE                |                                     | DSE     | CALL SIGN            | DSE    | CALL SIGN                         | DSE    | COMMUNITY/ AREA              |

ACCOUNTING PERIOD: 2019/2

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name COX COMMUNICATIONS GULF COAST, LLC 034160 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown