This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2-11-20	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not. enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Smart City Solutions II LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 22555/ 3100 Bonnet Creek Road (Number, street, rural route, apartment, or suite number)
		Lake Buena Vista, FL 32830-2555 (City, town, state, zip)
С	INST name	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period: 20	19/2								
		FORM SA1-2E. PAGE 1b							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
	Smart City Solutions II LLC	63443							
D Area Served	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 first 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.								
	CITY OR TOWN	STATE							
First	Winter Park	Florida							
Community	Altamonte Springs	Florida							
	Orlando Orlando	Florida							
Add Rows as Necessary	Celebration	Florida							

Accounting Period	l: 2019/2								
								FORM SA1-2	2E. PAGE 2.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYS	TEM ID#
Name	Smart City Solutions II LLC								
E Secondary Transmissior Service: Sub- scribers 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 system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information in space E, not here. All the facts you state must be those existing last day of the accounting period (June 30 or December 31, as the case ma Number of Subscribers Both blocks in space E call for the number of subscribers to the cable system, it down by categories of secondary transmission service. In general, you can compute the number of subscribers						63443		
	sufficient	OCK 1		1			PI OCI	<i>(</i>)	
	BLC	NO. OF	;	1			BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential: Service to first set Service to additional set(s FM radio (if separate rate)								
	Motel, hotel Commercial			\$70.46		•••••			ļ
	Converter		650	\$70.46					
	Residential			†·····		•••••			l
	Non-residential			•					
Services Other Than Secondary Transmissions Rates	enter only the letters "PP" in the rate colur						a		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SE		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential		• Mo • Co • Pa • Pa • Fi	llation: Non-rotel, hotel commercial ay cable ay cable-add'l re protection	channel	\$70.46			
	First set Additional set(s)			urglar protection services:	on				
	 Additional set(s) FM radio (if separate rate) 			services:					

DisconnectOutlet relocationMove to new address

Converter

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63443

Smart City Solutions II LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WESH	11	N	DAYTONA BEACH, FLORIDA
WFTV	39	N	ORLANDO, FLORIDA
WKCF	17	l	CLERMONT, FLORIDA
WKMG	26	N	ORLANDO, FLORIDA
WUCF	23	E	ORLANDO, FLORIDA
WOFL	22	N	ORLANDO, FLORIDA
WOPX	48	l	ORLANDO, FLORIDA
WOTF	43	I	DAYTONA BEACH, FLORIDA
WRBW	41	l	ORLANDO, FLORIDA
WRDQ	27	l	ORLANDO, FLORIDA
WESH-HD	11	N	DAYTONA BEACH, FLORIDA
WFTV-HD	39	N	ORLANDO, FLORIDA
WKCF-HD	17	l	CLERMONT, FLORIDA
WKMG-HD	26	N	ORLANDO, FLORIDA
WUCF-HD	23	E	ORLANDO, FLORIDA
WOFL-HD	22	N	ORLANDO, FLORIDA
WRBW-HD	41	l	ORLANDO, FLORIDA
WRDQ-HD	27	l	ORLANDO, FLORIDA
WVEN	49	l	ORLANDO, FLORIDA
WTMO	31	I	ORLANDO, FLORIDA

Accounting Period: 2019/2	FORM SA1-2E. PAGE
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Smart City Solutions II LLC

63443

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried all-band basis whose signals were generally receivable by your cable system during the accounting |

Н

Special Instructions Concerning All-Band FM Carriage Under Copyright Office regulations, an FM signal is general receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be ϵ on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated i For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions paper SA1-2 form

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carrie
- Column 2: State whether the station is AM or F
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and d signal, indicate this by placing a check mark in the "S/D" colu

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the of Mexican or Canadian stations, if any, the community with which the station is iden

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		7					
L							
L						L	
	<u> </u>						

Accounting Perio	d: 2019/2					FORM	SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER O	F CABLE S	YSTEM:				SYSTEM ID#	
Name	Smart City Solutions	II LLC					63443	
ı	SUBSTITUTE CARRIAGI In General: In space I, identif	y every no	nnetwork televis	ion program, broadcast	by a <i>distant</i> sta			
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	CONCE	RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	eriod, did y	our cable syst	tem carry, on a substitu	ıte basis, any	nonnetwork television	<u>prog</u> ram	
Statement and	broadcast by a distant station?							
Program Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	log in block 2.		• • • • • • • • • • • • • • • • • • • •					
	2. LOG OF SUBSTITUTE PROGRAMS In General:List each substitute program on a separate line. Use abbreviations wherever possible, if their mea clear. If you need more space, please add additional rows to the te Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accc period, was broadcast by a distant station and that your cable system substituted for the programming of anothe under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Li "NBA Basketball: 76ers vs. Bulls Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "I Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCI the case of Mexican or Canadian stations, if any, the community with which the station is ide Column 5: Give the month and day when your system carried the substitute program. Use numerals, with th first. Example: for May 7 give "5/" Column 6: State the times when the substitute program was carried by your cable system. List the times acc to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00–6:30 p.m. Column 7: Enter the letter "R" if the listed program was substituted for programming that your system/required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program to the program to the program to the letter "P" if the listed program to the program to the letter "P" if the listed program to the program to the letter "P" if the listed program to the program to the letter "P" if the listed program to the program to the letter "P" if the listed program to the listed program to the program to the letter "P" if the listed program to the pro							
	was substituted for progra	Ū	it your system	was permitted to delet	e under rec	rules and regular		
	effect on October 19, 1970	0.						
	WHEN SUBSTITUTE							
				7. REASON				
		2. LIVE?	3.	4. STATION'S	5. MONTH		FOR DELETION	
	TITLE OF PROGRAM	Yes or No	STATION'S	LOCATION	AND DAY	FROM — TO		
			L		_J L	_	LJ	
						_		
					_			
						_		
						_		
					_	_		
						_		
						_		
					_			
						_		
						_		

Accounting Period:	2019/2 FORM SA1-2E.	PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
Name	Smart City Solutions II LLC	3443
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission services (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions located in the paper SA1-2 for Gross receipts from subscribers for secondary transmission service(seconduction of the paper) MPORTANT: You must complete a statement in space P concerning gross receipts. [Amount of gross receipts.]	58
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2 or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or le: Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more informati	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-n accounting period is \$52.0	nont
	Line 1. Royalty fee for accounting period	00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD . Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K \$ 274,781.58 2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	32
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	32
	Copyrights!	
	See page i of the general instructions in the paper SA1-2 form for more information.	

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTE	:		SYSTEM ID# 63443
M Channels	to its subscribers, a 1. Enter the total nu system carried tel 2. Enter the total nu on which the cable	and (2) the cable system's to		the accounting period.	20 56
N Individual to Be Contacted	we can contact abo	out this statement of accoun	R INFORMATION IS NEEDED (Identif		7 000 CCF
for Further Information		Debbie Huttenhowe P.O. Box 22555 / 310	D Bonnet Creek Road	Telephone 407	-626-063i
	Ĺ	Number, street, rural route, apart Lake Buena Vista, F City, town, state, zip)			
	Email	dhuttenhower@	smartcitytelecom.com	Fax (optional)	
O Certification	• I, the undersigne	ed, hereby certify that (Check other than corporation or	one but only one, of the boxes.) artnership) I am the owner of the cab	le system as identified in line 1 of spa	
	X (Officer in line	r or partner) I am an officer to f space B. the statement of account ar and correct to the best of n	ation or partnership) I am the duly au mer is not a corporation or partnership; if a corporation) or a partner (if a partner hereby declare under penalty of law the knowledge, information, and belief, and	or rship) of the legal entity identified as c	owner of the cable system
			X /s/ Martin Rubin Inter an electronic signature on the line abouter signature using an "/s/ signature" (e.g.	•	
			ame: Martin Rubin President & CEO		
		Date:		2/11/20	

Privacy Act Notice Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 telepl numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes 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 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 Is

U.S. Copyright Office

Accounting Period: 2019/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Smart City Solutions II LLC	63443
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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