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

Return completed workbook

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instru	ems (Short Form) ctions are located of this workbook	2/25/2020	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
B Owner	of the subsidiary, not that of the parent co	prporation. In the owner conducts the business of the accounting period, only the owner on the payment covering the entire account	he last day of the accounting period should s ing period.	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Zito Midwest LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT		
	Zito Media			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 665 (Number, street, rural route, apartment, or suite n	umber)		
	Coudersport, PA 16915 (City, town, state, zip)			
<u> </u>	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	tify the business and operation of the	e system unless these
С	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	٨		
	Zito Media - Bolingbroke G MAILING ADDRESS OF CABLE SYSTEM			
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Zito Midwest LLC	63726
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bolingbroke	GA
Community	Monroe County	GA
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515	TEM II 637
	Zito Midwest LLC								0317
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RATE	ES				
E	In General: The information in s	•		-		•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period						nose exis	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, you ca	an com	pute the numbe	er of subsc	ribers in	
Rates	each category by counting the n			0,0				charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		otanaa				
	Block 1: In the left-hand block			•		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca					0,			
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and DIOCK. A two-	or thre	e-wora descript	ion of the s	Service IS	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		92	27.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									<u> </u>
	SERVICES OTHER THAN SEC						4 1	·····	
F	In General: Space F calls for rain not covered in space E, that is, t		,	•					
-	service for a single fee. There ar								
Services	furnished at cost or (2) services	•		Ű			0.	·	
Other Than	amount of the charge and the ur		usually	billed. If any rates	are ch	arged on a vari	able per-p	rogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the		the cable	system for each	of the	annlicable servi	nas listad		
Rates	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		ORY OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-reside	ntial				
	• Pay cable	17.95		el, hotel					
	Pay cable—add'l channel		_	mercial					
	Fire protection		,	cable					
	•Burglar protection		-	cable-add'l chanr	nel				
	Installation: Residential			protection					
	• First set	30.00		lar protection					
	Additional set(s)			ervices:					
	 FM radio (if separate rate) 		• Rec	onnect		30.00			
	,		-						
	• Converter			onnect					
	,		• Outl	onnect et relocation e to new address		30.00 30.00			

counting Period: 2	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Zito Midwest LLC			63726
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	ntify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (f a substitute basis. Iso in space I, if the station was carrien o concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru-	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also of s, see page (v) of the general instructio program services such as HBO, ESPN lee-air designation. For example, report evision station for broadcasting over the s station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. at the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMGT	41.1	N	Macon, GA
	WGXA	24.2	N	Macon, GA
	WGXA	24.1	N	Macon, GA
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WMAZ	13.1	N	Macon, GA
	WMAZ	13.2		Macon, GA
	WMAZ	13.3		Macon, GA
	WATM	23.3	I	Johnstown, PA
	WMUM	29.1	E	Macon, GA
	WPGA	58		Macon, GA
		I	1	

EGAL NAME OF								SYSTEM 637
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito Midwest LLC							63726
	SUBSTITUTE CARRIAG							
1		-	-			4		· · · · · · · · · · · · · · · ·
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				<u></u>			
Special	During the accounting per	-			eie anv non	notwork tolov	vision prog	ram
Statement and		-	al cable system	in carry, on a substitute be	1515, arry 110111			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you ı	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					•		
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. :	should be	
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	ı was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program							5
	effect on October 19, 1976							
						N SUBSTIT		
	s	UBSTITUT	E PROGRAM	1		AGE OCCU		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_		
							-	
						_		
							-	
							-	
						_		
					·		-	
						_		
							-	
							_	
						=		
1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 63726
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	9,725.99 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	¢	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Zito Midwest L	VNER OF CABLE SYSTEM: C			SYSTEM ID# 63726
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	a must give (1) the number of channels o and (2) the cable system's total number number of channels on which the cable elevision broadcast stations number of activated channels ble system carried television broadcast s st services	of activated channels during the a	ccounting period.	9 120
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORM rout this statement of account.)	IATION IS NEEDED (Identify an ir	ndividual to whom	
for Further Information	Name	Teri McMullen		Telephone	814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite r Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.u		Fox (optional)	
		This statement of account must be certifi			
O Certification	I, the undersigned (Owne (Agenting (Agenting (Afficing (Afficing (Afficing (Agenting (Agent	d, hereby certify that (Check one, <i>but only</i> other than corporation or partnership) of owner other than corporation or part ne 1 of space B and that the owner is not a r or partner) I am an officer (if a corporati ne 1 of space B. the statement of account and hereby deck and correct to the best of my knowledge,	one, of the boxes.) I am the owner of the cable system nership) I am the duly authorized a a corporation or partnership; or on) or a partner (if a partnership) of are under penalty of law that all state	as identified in line 1 of space f gent of the owner of the cable s the legal entity identified as ow ements of fact contained herein	system as identified ner of the cable system
		Enter an ele	s/James Rigas ctronic signature on the line above to ure using an "/s/ signature" (e.g., /s/	•	
		Title: Preside	James Rigas nt eld in corporation or partnership)	02/26/2020	
<u> </u>	ļ				

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	6372
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
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 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
x	-
x	
x	
x	
x	
x	

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