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

STATEME	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instru	ems (Short Form) ctions are located of this workbook	2/25/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full cor	rporate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING			
	Zito West Holding 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)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			

 Adilling AdDRESS OF CABLE SYSTEM:

 Number, street, rural route, apartment, or suite number)

 (Rumber, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

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

IDENTIFICATION OF CABLE SYSTEM:

Zito Media - Lake Sinclair GA

System

1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Zito West Holding LLC	0
D	"a separate and distinct community or municipal entity (including uninco	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Baldwin County	GA
Community	Hancock County	GA
	Putnam County	GA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM IC
Name	Zito West Holding LLC								
					тго				
E	SECONDARY TRANSMISSION In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmission								
Secondary	about other services (including p	, , ,	,		,		those exist	ing on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	•				,	hla svetam	broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				iy stanua		is within a		
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			U U		0			
	categories, that person or entity subscriber who pays extra for ca				• •		•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	nd block. A tw	o- or thre	e-word descript	ion of the s	service is	
	sufficient. BLC	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:	CODOCIAD		TUTE	0/11		WICE	CODOCINIDENCO	TUTT
	Service to first set		688	25.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISS	ONS: RATES	3				1
F	In General: Space F calls for ra	te (not subscrib	per) inform	nation with res	spect to a	Il your cable sy	stem's serv	rices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There and furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		2		Ū		5 ,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that	• •			-	-	•		
	-								
	listed in block 1 and for which a		•		neu. List	these other ser			
	-	ption and includ	de the rate						
	listed in block 1 and for which a	otion and includ	de the rate CK 1			RATE		BLOCK 2 DRY OF SERVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	btion and includ BLOC RATE	de the rate CK 1 CATEGO	e for each.	/ICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	btion and includ BLOC RATE	de the rate CK 1 CATEGO	e for each. PRY OF SERV on: Non-resi	/ICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	btion and includ BLOC RATE	de the rate CK 1 CATEGO Installati • Mote	e for each. PRY OF SERV on: Non-resi	/ICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	btion and includ BLOC RATE	de the rate CK 1 CATEGO Installati • Mote	e for each. PRY OF SERV on: Non-resi , hotel nercial	/ICE				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	btion and includ BLOC RATE	de the rate CK 1 CATEGC Installati • Mote • Comi • Pay c	e for each. PRY OF SERV on: Non-resi , hotel nercial	/ICE dential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	btion and includ BLOC RATE	de the rate CK 1 CATEGC Installati • Mote • Com • Pay c • Pay c	e for each. NY OF SERV on: Non-resi , hotel mercial able	/ICE dential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	btion and includ BLOC RATE	de the rate CK 1 CATEGC Installati • Mote • Comi • Pay c • Fire p	e for each. NRY OF SERV on: Non-resi , hotel nercial able able	/ICE dential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE 17.95	de the rate CK 1 CATEGC Installati • Mote • Comi • Pay c • Fire p	e for each. IRY OF SERV on: Non-resid nercial able able-add'l cha protection ar protection	/ICE dential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE 17.95	CK 1 CATEGC Installati • Mote • Com • Pay o • Fire p • Burgl	e for each. PRY OF SERV on: Non-resi , hotel mercial able able-add'l cha protection ar protection rvices:	/ICE dential				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE 17.95	CK 1 CATEGC Installati • Mote • Comm • Pay o • Pay o • Fire p • Burgl Other se	e for each. NRY OF SERV on: Non-resi , hotel nercial able able-add'l cha orotection ar protection rvices: nnect	/ICE dential	RATE			RATI
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC RATE 17.95	CK 1 CATEGC Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgl Other se • Reco • Disco	e for each. NRY OF SERV on: Non-resi , hotel nercial able able-add'l cha orotection ar protection rvices: nnect	/ICE dential	RATE			RATI

	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
	Zito West Holding LL	<u> </u>		
	PRIMARY TRANSMITTERS:			
G Primary	carried by your cable syster FCC rules and regulations i	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-til he carriage of certain network progra	me basis under ms [sections
ransmitters: Television	substitute program basis, as Substitute Basis Stations	 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: 		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.		
	basis. For further informatio Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination <u>I</u>	see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2 : Give the channed	el number the FCC assigned to the tele		
	Column 3: Indicate in each educational station, by ente	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	or "E-M" (for noncommercial educatic uctions in the paper SA1-2 form. t the community to which the station i	nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
				nn <mark></mark>
	WMGT	41.1	N	Macon, GA
	WMGT	41.2	N-M	Macon, GA
Rows as Necessary	WMGT	41.3	N-M	Macon, GA
	WGXA	24.2	N	Macon, GA
	WGXA	24.1	N	
	WGAA			Macon, GA
	WMAZ	13.1	N	Macon, GA Macon, GA
	WMAZ	13.1		Macon, GA
	WMAZ WMAZ	13.1 13.2	N I	Macon, GA Macon, GA
	WMAZ WMAZ WMAZ	13.1 13.2 13.3	N 	Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM	13.1 13.2 13.3 29.1 29.2	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM	13.1 13.2 13.3 29.1 29.2	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA
	WMAZ WMAZ WMAZ WMUM WMUM WPGA	13.1 13.2 13.3 29.1 29.2 58.1	N N-M E	Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA Macon, GA

Zito West Ho	OWNER OF C	JABLE S	YSTEM:					SYSTEM
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he static ion's sign g a check	II-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						I		

Accounting Perio	Ju. 2019/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Zito West Holding LLC	2						0
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO)G			
	In General: In space I, ident	tify every no	nnetwork televi	s <i>ion program</i> , broadcast b	y a <i>distant</i> sta	tion, that y	our cable sys	stem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former I	CC rules, reg	ulations, o	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions i	n the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network te	evision prog	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	" leave the	e rest of this pa	ge blank. If your answer i	s "Yes " vou i	must comr	lete the pro	
	log in block 2.				o 100, you1	nuot oomp		grann
	2. LOG OF SUBSTITUTI		AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if	heir meanin	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					skampio,	Love Lucy	
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which the community with which the			the FCC or,	in
				stem carried the substitut			ls with the i	month
	first. Example: for May 7 gi				e program e			
				ogram was carried by you				
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for proc	ramming that	t vour evet	em was rea	ired
		and regulati	ions in effect d	uring the accounting peri-	od: enter the l	letter "P" it		
	to delete under FCC rules a was substituted for program							ogram
	to delete under FCC rules	nming that						ogram
	to delete under FCC rules a was substituted for program	nming that			der FCC rules	and regu	ations in	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	and regu	ations in ITUTE	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w	as permitted to delete un	der FCC rules WHE CARRI	N SUBST	ITUTE	7. REASON FOR DELETION
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	mming that y	your system w	as permitted to delete un	der FCC rules	N SUBST	ations in ITUTE	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 S	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete un	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR

Accounting Period:	2019/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito West Holding LLC			S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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	stem's se of how to	condary transmi compute this a	ission service amount, see	4,002.98 oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf BLOCK 1: GROSS RECEIPTS OF \$137,	ut less tha formation	in \$527,600	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that y	ou must pay for t	this six-mon	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	174,002.98		
	3. Subtract line 2 from line 1	\$	89,797.02		
	4. Enter the amount of gross receipts from space K		\$ 1	74,002.98	
	5. Enter the amount from line 3		\$	89,797.02	
	6. Subtract line 5 from line 4	•	\$	84,205.96	
	7. Multiply line 6 by .005 (enter figure here)			\$	421.03
	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 a	and 8	••••••	\$	421.03
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,6	300 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	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	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)		\$	421.03	
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			\$	441.03
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: ding LLC	SYSTEM ID# 0
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	12 165
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Teri McMullen Telephone 814	1-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com Fax (optional)	
O Certification	I, the undersign (Owned) (Agen in X (Offic in I have examined)	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	em as identified
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: James Rigas Title: President (Title of official position held in corporation or partnership)	
		Date: 02/26/2020	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
o West Holding LLC	0
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
× 1%	
x 1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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