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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

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 | ACCOUNTING 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 |
| | Zito Canton 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 number) |
| | Coudersport, PA 16915 (City, town, state, zip) |
| | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these |
| C | names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: |
| | Zito Media - Canton PA MAILING ADDRESS OF CABLE SYSTEM: |
| | MAILING ADDRESS OF CABLE STSTEM: |
| | 2 (Number, street, rural route, apartment, or suite number) |
| | (City, town, state, zip code) |
| | |
| Privacy Act Notice | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this |

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8-26-20

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.

| | | FORM SA1-2E. PAG |
|---------------------|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| Name | Zito Canton LLC | 5 |
| | Instructions: List each separate community served by the cable system. A "con | |
| D | "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing | ted communities within unincorporated areas and including sing you list will serve as a form of system identification hereafter kn gs. |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mo | obile home parks should be reported in parentheses below the |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Canton Borough | PA |
| Community | Alba | PA |
| | Grover | PA |
| d Rows as Necessary | Canton Township | PA |
| a Rows as necessary | | |
| | Ward Township | PA |
| | Leroy/Canton | PA |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | A DI - 2: | | | | | | FORM SA1 | |
|---------------|--|-----------------|--------------------|----------------|-------|-------------------|-------------|-----------------|-------------|
| Name | LEGAL NAME OF OWNER OF C | CABLE SYSTEM | : | | | | | 515 | TEM II 5 |
| | Zito Canton LLC | | | | | | | | 5 |
| _ | SECONDARY TRANSMISSION | I SERVICE: SI | JBSCRIBI | ERS AND RA | TES | | | | |
| E | In General: The information in s | • | | • | | • | | | |
| Secondary | system, that is, the retransmissi about other services (including | | | | | • | | | |
| Transmission | last day of the accounting period | | | | - | | those exis | sung on the | |
| Service: Sub- | Number of Subscribers: Bot | • | | | | , | able syster | n, broken | |
| scribers and | down by categories of secondar | • | | • | | • | | | |
| Rates | each category by counting the r separately for the particular serv | | - | ••• | | • | - | s charged | |
| | Rate: Give the standard rate of | | | | | | | rge and the | |
| | unit in which it is generally billed | • | - | • | | | | • | |
| | category, but do not include disc | | | | | | | is that salls | |
| | Block 1: In the left-hand block systems most commonly provid | | | - | | | | | |
| | that applies to your system. Not | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | |
| | subscriber who pays extra for ca | | | | | | nder "Serv | vice to the | |
| | first set" and would be counted Block 2: If your cable system | • | | | • • • | | e different | from those | |
| | printed in block 1 (for example, | - | | - | | | | | |
| | with the number of subscribers | | | | | • | , . | | |
| | sufficient. | | | | | | | | |
| | BLO | OCK 1 NO. OF | | | | | BLOC | K 2 NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBERS | RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 348 | 25.23 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential Non-residential | | | | | | | | |
| | • Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | | NSMISSI | ONS: RATES | | | | | |
| E | In General: Space F calls for ra | | | | | all your cable sy | stem's ser | vices that were | |
| F | not covered in space E, that is, | | | | | • | • | | |
| Services | service for a single fee. There a furnished at cost or (2) services | | - | | - | | | | |
| Other Than | | | | | | | | | |
| Secondary | 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. | | | | | | | | |
| ransmissions: | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | |
| Rates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | |
| | BLOCK 1 | | | | | | Τ | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | RY OF SERV | ICE | RATE | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: | | | on: Non-resid | | | | | |
| | • Pay cable | 17.95 | Motel | , hotel | | | | | |
| | • Pay cable—add'l channel | | • Comr | nercial | | | | | |
| | Fire protection | | • Pay c | able | | | | | |
| | Burglar protection | | • Pay c | able-add'l cha | nnel | | | | |
| | Installation: Residential | | • Fire p | rotection | | | | | |
| | • First set | 30.00 | - | ar protection | | | | | |
| | Additional set(s) | | Other se | rvices: | | | | | |
| | | | Reco | anoot | | 30.00 | | | |
| | • FM radio (if separate rate) | | 4 | | | | | | |
| | • FM radio (if separate rate) • Converter | | • Disco | nnect | | | | | |
| | · · · / | | • Disco • Outle | | | 30.00 30.00 | | | |

| | | | | SYSTEM ID# | | | |
|-------------------------------------|--|--------------------------|--------------------|---|--|--|--|
| lame | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | |
| | Zito Canton LLC | | | 565 | | | |
| G rimary smitters: evision | 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, <i>except</i> (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 6.63 (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 ed | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | |
| | | | | | | | |
| | | 29.1 | N | Wilkos Barro DA | | | |
| | WBRE | 28.1 | <u>N</u> | Wilkes-Barre PA | | | |
| N | WNEP | 16.1 | Ν | Scranton PA | | | |
| rs as Necessary | WNEP WOLF | 16.1 56.1 | | Scranton PA Hazelton PA | | | |
| s as Necessary | WNEP WOLF WQMY | 16.1 56.1 53.1 | Ν | Scranton PA Hazelton PA Williamsport PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| 's as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| 's as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| 's as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| 's as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| 's as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| s as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |
| rs as Necessary | WNEP | 16.1 | N | Scranton PA | | | |
| | WOLF | 56.1 | N | Hazelton PA | | | |
| | WQMY | 53.1 | I | Williamsport PA | | | |
| | WSWB | 38.1 | I | Scranton PA | | | |
| | WVIA | 44 | E | Scranton PA | | | |

| EGAL NAME O | | CABLE S | YSTEM: | | | | | SYSTEM I |
|--|---|---|---|---|---|--|--|----------------------------------|
| | t every radio s | station ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Sive the station | y the sys be recein at the Co sign of e the static ion's sig g a chec n's locati | I-Band FM Carriage: Under C stem whenever it is received a 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. on (the community to which the the community with which the | t the system's he system's FM ante his point, see pa ed by the cable s he station is licent | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st general i 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 | |
| | | 0,0 | | | | 0,0 | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | · | | |

| Accounting Perio | | | | | | FO | RM SA1-2E. PAGE 5. |
|------------------------------|--|---|---|--|------------------------------------|---|-------------------------------|
| News | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | SYSTEM ID# |
| Name | Zito Canton LLC | | | | | | 565 |
| | SUBSTITUTE CARRIAGE | E: SPECIA | | NT AND PROGRAM LO | G | | |
| Substitute | In General: In space I, ident substitute basis during the a explanation of the programm | ccounting p | eriod, under sp | ecific present and former F | CC rules, reg | ulations, or authorization | ons. For a further |
| Carriage: | 1. SPECIAL STATEMEN | | RNING SUBS | TITUTE CARRIAGE | | | |
| Special | During the accounting per | | | | asis, any nonr | network television pro | gram |
| Statement and Program Log | broadcast by a distant sta | tion? | - | | - | YES | XNO |
| i rogram 20g | Note: If your answer is "No | | rost of this pa | ao blank. If your answor i | | | |
| | - | , leave the | e rest or this pa | ige blank. If your answer i | s res, your | must complete the pro- | ogram |
| | log in block 2. 2. LOG OF SUBSTITUTE | | AMS | | | | |
| | In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor | of every no of every no distant sta gulations, o | add additional onnetwork telev tion and that y or authorization | rows to the tables. vision program ("substitut our cable system substitu ns. See page (v) of the ge | e program") t ted for the pro | hat, during the accou ogramming of anothe ions for further inform | nting r station nation. |
| | "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad | Bulls." n was broa sign of the adcast stati | dcast live, ente station broadc on's location (1 | er "Yes." Otherwise enter asting the substitute prog | "No." ram. ne station is lie | censed by the FCC o | |
| | first. Example: for May 7 giv Column 6: State the tim | nth and day ve "5/7." es when th | when your system when your | stem carried the substitut | e program. U | se numerals, with the m. List the times accu | urately |
| | to delete under FCC rules a was substituted for program | er "R" if the and regulat nming that | e listed progran ions in effect d | n was substituted for prog uring the accounting perio | ramming that od; enter the l | t your system was <i>re</i> letter "P" if the listed p | quired |
| | effect on October 19, 1976 | | E PROGRAM | 1 | | N SUBSTITUTE | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | | DELETION |
| | | 100 01 110 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | |] | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Accounting Period: | 2020/1 FORM SA1-2E. PAGE 6. |
|-------------------------------|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Zito Canton LLC565 |
| 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 service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. |
| | 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-month accounting period is \$52.00 |
| | Line 1. Royalty fee for accounting period |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 |
| | 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 \$ 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 |
| | 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 \$ 263,800.00 |
| | 3. Subtract line 2 from line 1 |
| | 4. Multiply line 3 by .01 |

| 0.00 | |
|--|---|
| | - |
| | |
| | |
| \$ 52.00 \$ 15.00 | - |
| \$ | 67.00 |
| e to the Register of Copyri more information. | ghts! |
| | \$ 15.00 \$ e to the Register of Copyri |

| Accounting Period: | 2020/1 | | FORM SA1-2E. PAGE 7 |
|--|---|--|---------------------|
| Name | LEGAL NAME OF C Zito Canton LL | WNER OF CABLE SYSTEM: .C | SYSTEM ID# 565 |
| M Channels | to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca | u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations | 7 65 |
| N Individual to | | BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom bout this statement of account.) | |
| Be Contacted for Further Information | Name | Teri McMullen Telephone 81 | 4-260-0434 |
| | Address | PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip) teri.mcmullen@zitomedia.com Fax (optional) | |
| O Certification | I, the undersigned (Owned) (Agenting) X (Officing) I have examined | (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of ine 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained herein a, and correct to the best of my knowledge, information, and belief, and are made in good faith. an 1001(1986)] | em as identified |

| | X /s/James Rigas |
|---------------------|---|
| | nter an electronic signature on the line above to certify this statement. nter signature using an "/s/ signature" (e.g., /s/ John Smith) |
| Typed or printed na | ame: James Rigas |
| | President al position held in corporation or partnership) |
| Date: | 08/27/2020 |

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.

| unting Period: 2020/1 | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| Canton LLC | 50 |
| 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 | P Special Statemen Concerning Gross Receipts Exclusio |
| made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ | |
| Name Mailing Address Mailing Address | |
| | |
| INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessme |
| | |
| x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here x days | - |
| 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 | - |
| 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 | - |
| 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 | |

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.