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 AC	COUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissi Cable Systems (Short Fo		DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
, , , , , , , , , , , , , , , , , , ,	,		\$	For additional information, contact the U.S. Copyright
General instructions are locate in the first tab of this workbool		3/1/2021	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
				1
A ACCOUNTING	PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
		٦		
2020/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting			- 500 misu ucuons)	
Period				

		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			٦		
			Barcode Data Filing Period (optiona	- see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent of		diary of another corporation, give the full corporate title	e
Owner		List any other name or names under whi	ch the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty t	.	he last day of the accounting period should submit a ting period.	
		Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	022162
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		COMMZOOM COMMUNICATIONS,			
		BUSINESS NAME(S) OF OWNER O)	
			· · · · · · · · · · · · · · · · · · ·	,	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		2438 BOARDWALK ST			
		(Number, street, rural route, apartment, or suite	number)		
		City, town, state, zip)			
С				tify the business and operation of the system e system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	'	COMMZOOM			
		MAILING ADDRESS OF CABLE SYSTE	М:		
	2	(Number, street, rural route, apartment, or suite	number)		
		(City, town, state, zip code)			
Privacy Act Not	ce: Section	n 111 of title 17 of the United States Code a	uthorizes the Copyright Offce to collect th	e personally identifying information (PII) requested on this	٤
•	•			trace an individual, such as name, address and telephon ch includes appearing in the Offce's public indexes and in	
• •				g of your statement of account and its placement in the	
completed record	l of stateme	ents of account, and it may affect the legal s	uffciency of the fling, a determination tha	t would be made by a court of law.	

02216
ity unit" as defined in FCC rules:
ted areas and including single,
m identification hereafter know
I in parentheses below the
STATE
ТХ
TX
TX
IA

	1								A1-2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY	STEM I
Hamo	COMMZOOM COMMUN	ICATIONS,	LLC						0221
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including provide the services)								
Secondary Transmission	last day of the accounting period	, , ,			,		nose exis	ting on the	
Service: Sub-	Number of Subscribers: Bot						ble system	n, broken	
scribers and	down by categories of secondar	-					•		
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number o	of persons or org	anization	s charged	
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·		,	iny stanua		s wiu iir a	particular rate	
	Block 1: In the left-hand block				ries of sec	condary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of					a in the count ur	ider Servi	ce to the	
	Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	tiers of services	s that in	clude one or m	ore secon	dary transmissio	ons), list th	em, together	
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	vo- or thre	e-word descript	ion of the	service is	
	sufficient.						BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	6 RAT
	Residential:								
	Service to first set		41	97.66					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		3	97.66					
	Commercial		0						
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				e				
_	In General: Space F calls for ra					all your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t		'		•				
	service for a single fee. There are	•			•		0 (,	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	ates are ci	harged on a vari	able per-p	rogram basis,	
•			the cabl	e system for ea	ach of the	applicable servi	ces listed.		
ransmissions:	Block 1: Give the standard rat		stem fu		ed durina	the accounting			
ransmissions: Rates	Block 2: List any services that								
	Block 2: List any services that listed in block 1 and for which a	separate charg	,	made or establi			vices in th	e form of a	
	Block 2: List any services that	separate charg	,	made or establi			vices in th	e form of a	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate chargo ption and includ BLO0	de the ra	made or establi ate for each.	shed. List			BLOCK 2	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargon ption and includ	de the ra CK 1 CATEC	made or establi ate for each. GORY OF SER	shed. List				E RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargo ption and includ BLO0	de the ra CK 1 CATEC Installa	made or establi ate for each. GORY OF SER ation: Non-res	shed. List	these other ser		BLOCK 2	E RAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargo ption and includ BLO0	CK 1 CK 1 CATEC Installa	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	shed. List	these other ser		BLOCK 2	E RAT
	Block 2: List any services that 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	separate chargo ption and includ BLO0	de the ra CK 1 CATEC Installa • Mo • Col	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate chargo ption and includ BLO0	de the ra CK 1 CATEC Installa • Mo • Col • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	shed. List	these other ser		BLOCK 2	E RAT
	Block 2: List any services that 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'l channel • Fire protection • Burglar protection	separate chargo ption and includ BLO0	de the ra CK 1 CATEC Installa • Mo • Con • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that 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	separate chargotion and inclue BLOO RATE	CK 1 CATEC Installa • Mo • Col • Pay • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l ch e protection	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargo ption and includ BLO0	CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection glar protection	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that 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)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other	made or establi ate for each. BORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection glar protection services:	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that 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)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur • Bur • Red	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection glar protection services: connect	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that 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)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur • Bur • Red	made or establi ate for each. BORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch protection glar protection services:	shed. List	these other ser		BLOCK 2	ERAT
	Block 2: List any services that 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)	separate chargotion and inclue BLOO RATE	de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bur • Bur • Bur • Bur • Bur • Bur • Bur	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection glar protection services: connect	shed. List	these other ser		BLOCK 2	ERAT

	<u>т</u>			
Name	LEGAL NAME OF OWNER OF			SYSTEM I 0221
	COMMZOOM COMMU			U22 I
G Primary insmitters: elevision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including t em during the accounting period, except in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations can ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part le carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st urried by your cable system on a su ne Special Statement and Program d both on a substitute basis and all see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАВВ	29	I	SAN ANTONIO, TX
	KABB KENS	29 5	l N-M	SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary			I N-M E	
Necessary	KENS	5		SAN ANTONIO, TX
Vecessary	KENS KHCE	5 23	E	SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN	5 23 9	E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI	5 23 9 4	E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS	5 23 9 4 26	E E N-M I I	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX
lecessary	KENS KHCE KLRN WOAI KPXL	5 23 9 4 26 35	E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
cessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT	5 23 9 4 26 35 12	E E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
5 Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
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<i>i</i> s as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
vs as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
ws as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
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			DNS, LLC					SYSTEM 022
	t every radio s	tation ca	rried on a separate and discre					н
cecivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stat 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 pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (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 e station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	Г							

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	NS, LLC					022162
	SUBSTITUTE CARRIAG							
					-	tion that va	ur coblo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog	-				- "/"		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	heir meanin	n is
	clear. If you need more spa				e mierever p	0001010, 11 1		9.10
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 5	,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi							. (.) .
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program car		1. 10 p.m. to t		. Should be	
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und		s and regula	ations in	
					r 1			1
						N SUBSTI		
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	
							<u> </u>	
							<u> </u>	
							_	
							<u> </u>	
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			r	1	1	r		1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	YSTEM ID# 022162
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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	5,636.03 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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	¢	52.00
			0.00
	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	<u> </u>	
	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:	2020/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 022162
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	nu must give (1) the number o , and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television ast services	otal number of activated chan n the cable s s broadcast stations	nnels during the ac	counting period.	10 141
N Individual to Be Contacted		BE CONTACTED IF FURTH		DED (Identify an ind		
for Further Information	Name	JACOB T. GRAY			Telephone	210-736-3376, EXT 1004
	Address	2438 BOARDWALK S (Number, street, rural route, apartr SAN ANTONIO, TX 7 (City, town, state, zip)	ment, or suite number)			
	Email	CFO@COMMZ	COOM.COM		Fax (optional) 210-403-268	8
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	(This statement of account midd, hereby certify that (Check or r other than corporation or p c of owner other than corpora ine 1 of space B and that the or er or partner) I am an officer (ine 1 of space B. I the statement of account and a, and correct to the best of my on 1001(1986)]	partnership) I am the owner o ation or partnership) I am the owner is not a corporation or p if a corporation) or a partner (hereby declare under penalty	.) f the cable system a e duly authorized ag artnership; or if a partnership) of th of law that all state	is identified in line 1 of space ent of the owner of the cable ne legal entity identified as ow ments of fact contained herei	system as identified /ner of the cable system
			X /s/ JACOB T. Enter an electronic signature e Enter signature using an "/s/ s	on the line above to	•	
		Typed or printed Title: (Title of o	a name: JACOB T. GI			
		Date:			MARCH 01, 2021	

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: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
IMZOOM COMMUNICATIONS, LLC	0221
 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? 	P Special Statemen Concerning Gros Receipts Exclusio
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x 1%	Interest Assessme
	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days - x 0.00274	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0 days - 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 \$	Interest Assessme
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days 1% Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0 days - 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 \$ (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.67 x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0 days 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 \$ - (interest charge) * 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. For further assistance please	Interest Assessm
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