

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA3
 Long Form**

Return to:
 Library of Congress
 Copyright Office-LD
 101 Independence Avenue SE
 Washington, DC 20557-6400
 (202) 707-8150

For courier deliveries,
 see page ii of the general
 instructions.

STATEMENT OF ACCOUNT
 for Secondary Transmissions by
 Cable Systems (Long Form)

General instructions are at the
 end of this form [pages i-viii].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/25/21	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)	
	<input type="checkbox"/> January 1–June 30 (Year)	<input checked="" type="checkbox"/> July 1–December 31 2020 (Year)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. _____	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: P.O. BOX 478 <small>(Number, street, rural route, apartment, or suite number)</small> PAGO PAGO, AMERICAN SAMOA 96799 <small>(City, town, state, zip)</small>

C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>

D Area Served	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.			
	CITY OR TOWN		STATE	
First ► Community	PAGO PAGO		AMERICAN SAMOA	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
Sample ►	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A	1
	Alliance	MD	B	2
	Gering	MD	B	3

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.
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E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential	2,020 361 50	\$55.99 \$28.00 \$10.00			

F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. 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.					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	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) • Converter	\$9.99 \$0.00 \$50.00 \$50.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address \$10.00 \$50.00 \$50.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.	Name
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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$654,753.93 (Amount of gross receipts) IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.	L Copyright Royalty Fee
Block 1 MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K \$654,753.93 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 6,966.58	
Block 2 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3 Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero \$ Line 3. Add lines 1 and 2 and enter here \$	
Block 4 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger \$ 6,966.58 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. \$ Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$ Line 4. FILING FEE: \$ 725.00 TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here \$ 7,691.58 Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name
	AMERICAN SAMOA ENTERTAINMENT INC.	
M Channels	<p>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 6</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 84</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)</p> <p>Name <u>Ala Poasa</u> Telephone <u>684-699-2759</u> <small>(Area code)</small></p> <p>Address <u>P.O. Box 478</u> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><u>PAGO PAGO, AMERICAN SAMOA 96799</u> <small>(City, town, state, zip)</small></p> <p>Email (optional) Fax (optional)</p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or <input type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <p>• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. sec. 1001]</p> <div style="display: flex; align-items: center; margin-top: 20px;"> <div> <p>Handwritten signature: <u></u></p> <p>Typed or printed name: <u>Justin Tulasosopo</u></p> <p>Title: <u>CEO</u></p> <p style="text-align: center;"><small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <u>February 24, 2021</u></p> </div> </div>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: AMERICAN SAMOA ENTERTAINMENT INC.	Name								
<p>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. 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? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p>	P Special Statement Concerning Gross Receipts Exclusions								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name _____</td> <td style="width:50%; padding: 2px;">Name _____</td> </tr> <tr> <td style="padding: 2px;">Mailing address _____</td> <td style="padding: 2px;">Mailing address _____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </table>	Name _____	Name _____	Mailing address _____	Mailing address _____	_____	_____	_____	_____	
Name _____	Name _____								
Mailing address _____	Mailing address _____								
_____	_____								
_____	_____								

<p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment \$ _____ x _____ %</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ (interest charge)</p> <p>* 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@copyright.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.</p> <p>Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____</p>	Q Interest Assessment
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CHANNEL LIST

digital
moana

EXTENDED BASIC PACKAGE - \$55.99

CH	LINEUP NAME	CH	LINEUP NAME
02	KVZK	32	SYFY
03	MOANA TV	33	DISCOVERY
04	WEATHER STATION	34	HISTORY
05	KVZK	35	DISNEY
06	MOANA TV	36	DISNEY XD
07	KVZK PBS	37	NICKELODEON
08	KVZK-TV CBS	38	NATIONAL GEOGRAPHIC
09	PCS	39	FREEFORM
11	SDA	40	ENTERTAINMENT
12	KHON FOX	41	TCM
13	ISLAND INFO	42	CARTOON NETWORK
14	HOPE	43	TRU TV
16	NFL	44	FOOD NETWORK
17	ESPN	45	HGTV
18	ESPN 2	46	CMT
19	PARAMOUNT NETWORK	47	KBS WORLD
20	VH1	48	YTN
21	MTV	49	JCTV
22	BRAVO	50	EWTN
23	AMC	51	NHK WORLD TV
24	TV LAND	52	SMILE CHILD
25	COMEDY CENTRAL	53	CHURCH CHANNEL
26	USA	54	TBN
27	A&E	56	OXYGEN
28	LIFETIME	57	GREAT AMERICAN COUNTRY
29	CNN	58	COOKING CHANNEL
30	BBC WORLD	60	TRAVEL CHANNEL
31	AUSTRALIA		

PREMIUM PACKAGES

STARZ AND ENCORE - \$9.99

CH	LINEUP NAME
200	STARZ
201	STARZ EDGE
202	STARZ KIDS
203	STARZ CINEMA
204	STARZ COMEDY
205	ENCORE
206	ENCORE ACTION
207	ENCORE BLACK
208	ENCORE FAMILY
209	ENCORE CLASSIC
210	ENCORE SUSPENSE
211	ENCORE WESTERN

TFC \$7.99

CH	LINEUP NAME
300	TFC
301	KNOWLEDGE
302	CINEMA ONE

HBO \$18.99

CH	LINEUP NAME
400	HBO
401	HBO2
402	HBO COMEDY
403	HBO FAMILY
404	HBO SIGNATURE
405	HBO ZONE

CINEMAX \$11.99

CH	LINEUP NAME
500	CINEMAX
501	MOREMAX
502	THRILLERMAX
503	ACTIONMAX

SPORTS \$4.00

CH	LINEUP NAME
71	GOLF
72	NBC SPORTS

PAY-PER-VIEW

CH	LINEUP NAME
600	PAY-PER-VIEW