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 ACCOUNT		FOR COPYRIC	Return completed workbook by email to:					
for Seconda	ary Transmissions b	-	DATE RECEIVED	AMOUNT	— coplicsoa@copyright.gov			
General instru	ems (Short Form) uctions are located of this workbook		02/26/2021	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
A	ACCOUNTING PERI	OD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))				
	2020/2		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		20202	Barcode Data Filing Period (option	al - see instructions)				
Accounting Period			-					
	Instructions:							
В		me of the owner of th nat of the parent corp		idiary of another corporation, give the full cor	porate title of			
Owner	List any other name	or names under whic	h the owner conducts the business of t	he 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 t	he system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	61339			
	LEGAL NAME O	F OWNER/MAILING	GADDRESS OF CABLE SYSTEM					
	BR CABLEVISION	I CO CORP						
	BUSINESS NAME	(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Γ)				
		SS OF OWNER OF	CABLE SYSTEM					
	1805 N DIXIE	HWY ute, apartment, or suite r	number)					
	LIMA, OH 458							
	(City, town, state, zip)	e 1. give anv busir	ness or trade names used to ide	ntify the business and operation of the	e system unless these			
C				ne system, if different from the addres				
System		CABLE SYSTEM:						
	MAILING ADDRESS	OF CABLE SYSTEM	1:					
	2 (Number, street, rural ro	ute, apartment, or suite r	number)					
	(City, town, state, zip co	ae)						
								

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	BR CABLEVISION CO CORP	61339						
D	Instructions: List each separate community served by the cable system. A "community" is t separate and distinct community or municipal entity (including unincorporated communitie unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home p	es within unincorporated areas and including single, discrete a form of system identification hereafter known as the "first						
Area Served	city.							
First	CITY OR TOWN BENTON RIDGE	STATE OH						
Community	UNINCORPORATED AREA SORROUNDING	<u>on</u>						
dd Rows as Necessary	BENTON RIDGE	ОН						
au nons as necessary	UNION TOWNSHIP	OH						
	BLANCHARD TOWNSHIP	ОН						
	LIBERTY TOWNSHIP	ОН						

								FORM SA1	-2E. PAGE			
Name												
	BR CABLEVISION CO CORP								6133			
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	the cable				
_	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hle system	broken				
scribers and	down by categories of secondary	•										
Rates	each category by counting the n							charged				
	separately for the particular serv Rate: Give the standard rate of							ge and the				
	unit in which it is generally billed	-	-									
	category, but do not include disc	ounts allowed	, for adva	ance payment.								
	Block 1: In the left-hand block	•		0		•						
	systems most commonly provide that applies to your system. Not											
				-		-						
	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, t	-		•								
	with the number of subscribers a											
	sufficient.	DCK 1					BLOCK	r "Service to the fferent from those s), list them, together of the service is BLOCK 2 NO. OF				
		NO. OF						NO. OF	2			
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Service to first set		163	20.00								
	Service to additional set(s)		105	20.00								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial											
	Converter											
	Residential											
	 Non-residential 											
									1			
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					II vour cable sv	stem's serv	vices that were				
F	not covered in space E, that is, t		,		•							
	service for a single fee. There a											
Services Other Than	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,											
Secondary	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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATI			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	67.00		el, hotel			••••••	ONAL STB				
	• Pay cable—add'l channel		-	nmercial			DVR SI	ERVICE	7.0			
	Fire protection			cable								
	•Burglar protection			cable-add'l ch	annel							
	Installation: Residential	17.00		protection								
	First set Additional set(s)	17.00		glar protection								
	 Additional set(s) FM radio (if separate rate) 			services:		29.00						
	• Converter			connect		29.00						
				let relocation								
			• Mov	ve to new addre	ess							

nting Period: 2	2020/2			FORM SA1-2E. PAG					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	BR CABLEVISION CO			613					
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a	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 76.63 (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 ro • Do <i>not</i> list the station here station was carried <i>only</i> on	rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	e Special Statement and Program L	Log)—if the					
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on	also in space I, if the station was carried I ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a the form. nel number the FCC assigned to the televi	see page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo	ions. PN, etc. Identify each ort multistream					
	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 educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WTOL	11.1	Ν	TOLEDO, OH					
	WTOL	11.2	N-M	TOLEDO, OH					
s as Necessary	WTVG	13.1	Ν	TOLEDO, OH					
	WTVG	13.2	N-M	TOLEDO, OH					
	WTVG	13.3	N-M	TOLEDO, OH					
	WFND	22.1	N	FINDLAY, OH					
	WNWO	24.1	N	TOLEDO, OH					
	WNWO	24.2	N-M	TOLEDO, OH					
	WNWO	24.3	N-M	TOLEDO, OH					
	WBGU	27.1	E	BOWLING GREEN, OH					
	WBGU	27.02	E-M	BOWLING GREEN, OH					
	WBGU	27.3	E-M	BOWLING GREEN, OH					
	WGTE	30.1	E	TOLEDO, OH					
	WGTE	30.2	E-M	TOLEDO, OH					
	WGTE	30.3	E-M	TOLEDO, OH					
	WUPW	36.1	N	TOLEDO, OH					
	WUPW	36.2	N-M	TOLEDO, OH					
	WLMB	40.1	I	TOLEDO, OH					
		40.1 44.1	I	TOLEDO, OH LIMA, Oh					
	WLMB		I I I-M						
	WLMB WTLW	44.1	I I I-M	LIMA, Oh					
	WLMB WTLW	44.1	I I I-M	LIMA, Oh					

EGAL NAME OF BR CABLEV			I STEWI.					SYSTEM II 613
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sign g a checl	-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. n is AM or FM. hal was electronically process < mark in the "S/D" column.	t the system's hea system's FM ante this point, see pag ed by the cable s	adend, and (2) nna, during ce ge (v) of the ge ystem as a se) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
			on (the community to which th the community with which the			J Or, in t		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Period							FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM BR CABLEVISION CO CORP 61:									
I Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ad explanation of the programm	fy every non	network televis riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further		
Carriage: Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES X NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substitute for programming that your system was <i>required</i> to delete under "Cerules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was									
	was substituted for program effect on October 19, 1976.	nming that y		s permitted to delete unde	r FCC rules a		ions in	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
							_ _			
				· · · · · · · · · · · · · · · · · · ·						

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BR CABLEVISION CO CORP	SI	STEM ID# 61339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 mount, see	,400.00 ss 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 \$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. 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 the		
	accounting period is \$52.00 Line 1. Royalty fee for accounting period		<u>52.00</u> 0.00
	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 \$137,1		52.00
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	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 .		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K \$ 263,800.00 2. Base amount under statutory formula \$ 263,800.00 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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 3	52.00 15.00 \$	67.00
	EFT Trace # or TRANSACTION ID # 3061814467	Ψ	07.00
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OV BR CABLEVISIO	WNER OF CABLE SYSTEM: DN CO CORP				SYSTEM ID# 61339
M		• • • •		els on which the cable system carried tel ber of activated channels during the ac		
		number of channels on whic d television broadcast station		le		20
		number of activated channe				
		cable system carried televisio				138
N Individual to		BE CONTACTED IF FURTH		DRMATION IS NEEDED (Identify an ind	ividual to whom	
Be Contacted for Further Information	Name	ANGELA FINNERTY			Telephone	419-859-2144 EXT 115
internation	Address	1805 N DIXIE HWY				
		(Number, street, rural route, apartr LIMA, OH 45801	ment, or sui	te number)		
	Em ell	(City, town, state, zip)			Fay (antianal 440.050.245	
	Email	angelafinnerty@	ywaichici		Fax (optional <u>419-859-215</u>	
ο		This statement of account mu	ust be cer	tified and signed in accordance with Co	pyright Office regulations)	
Certification	• I, the undersigned	d, hereby certify that (Check or	ne, <i>but on</i>	<i>ly one</i> , of the boxes.)		
	(Owner	other than corporation or p	artnershi	p) I am the owner of the cable system as	identified in line 1 of space E	3; or
				artnership) I am the duly authorized ager s not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified
		e r or partner) I am an officer (i in line 1 of space B.	if a corpor	ation) or a partner (if a partnership) of the	legal entity identified as own	er of the cable system
	I have examined	the statement of account and I e, and correct to the best of m		clare under penalty of law that all stateme ge, information, and belief, and are made		
			_X	/s/ Mark Miller		
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Joł	•	
		Typed or printed	l name:	Mark Miller		
		Title:		President		
		Date:		,	2/26/2021	

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
CABLEVISION CO CORP	6133
 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 Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x day	<u>-</u>
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	<u>-</u>
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
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, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	

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.