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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	

DATE RECEIVED

2/5/2021

AMOUNT

ALLOCATION NUMBER

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
<b>A</b>		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
		Pembroke Advanced Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 10 (Number, street, rural route, apartment, or suite number)
		Pembroke, GA 31321 (City, town, state, zip)
•	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Section	111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Pembroke Advanced Communications, Inc.	62373
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	North Bryan County	GA
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID	
Name	Pembroke Advanced Co								6237	
					<b></b>					
E	SECONDARY TRANSMISSION In General: The information in s					ssion s	service of t	he cable		
	system, that is, the retransmission	-		-	•					
Secondary	about other services (including p	<i>,</i> , ,	,		,	st be f	those exist	ing on the		
Transmission	last day of the accounting period	•			• •		hla avatama	haaltan		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•								
Rates	each category by counting the n			•	•					
	separately for the particular serv							U		
	Rate: Give the standard rate of	•								
	unit in which it is generally billed category, but do not include disc				andard rate va	riation	s within a	particular rate		
	Block 1: In the left-hand block				f secondarv tra	ansmis	sion servi	ce that cable		
	systems most commonly provide	•		-	•					
	that applies to your system. Not	e: Where an ir	ndividual o	organization is re	eceiving servic	e that	falls under	different		
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted of					unt ur	ider "Servi	ce to the		
	Block 2: If your cable system					nat are	e different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in th	e right-har	d block. A two- or	r three-word de	escript	ion of the s	service is		
	sufficient.	OCK 1					BLOCK	2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATEGORY C	F SEF	RVICE	SUBSCRIBERS	RATI	
	Service to first set			Prin	<b>no</b>			986	36.0	
				FIII	IIE			900	30.0	
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial Converter									
	Residential									
	Non-residential									
	• Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES						
-	In General: Space F calls for ra	te (not subscril	ber) inform	ation with respect	t to all your cal	ole sys	stem's serv	vices that were		
F	not covered in space E, that is, t					-				
Services	service for a single fee. There and furnished at cost or (2) services	•		•			• • • •			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the				ine enangea en		anie hei h	ogiani zacio,		
Transmissions:	Block 1: Give the standard rate									
Rates	<b>Block 2:</b> 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 concrete above made or optically here a the some in the form of a									
	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.									
							<u></u>			
		BLO				-		BLOCK 2		
	CATEGORY OF SERVICE	RATE		RY OF SERVICE on: Non-resident		-	CATEGO	DRY OF SERVICE	RATE	
	Continuing Sorvices				.101		Choice		####	
	Continuing Services:			notei			Premiu			
	• Pay cable		• Motel	oroiol			Freiniu		+++++++++++++++++++++++++++++++++++++++	
	• Pay cable • Pay cable—add'l channel		• Comn				HBO			
	Pay cable     Pay cable—add'l channel     Fire protection		• Comn • Pay c	able			HBO Cinema		18.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Comn • Pay c • Pay c	able able-add'l channe	1		Cinema		18.0 15.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Comn • Pay c • Pay c • Fire p	able able-add'l channe rotection	1		Cinema Starz	1X	18.0 15.0 14.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Comn • Pay c • Pay c • Fire p • Burgla	able able-add'l channe rotection ır protection			Cinema Starz Showti	bx me	18.0 15.0 14.0 15.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Comn • Pay c • Pay c • Fire p • Burgla <b>Other se</b>	able able-add'l channe rotection ır protection <b>vices:</b>	4		Cinema Starz	bx me	18.0 15.0 14.0 15.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Comn • Pay c • Pay c • Fire p • Burgla • Burgla • Recor	able able-add'l channe rotection ar protection <b>vices:</b> inect	1		Cinema Starz Showti	bx me	#### 18.0 15.0 14.0 15.0 12.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Comn • Pay c • Pay c • Fire p • Burgla Other set • Recor	able able-add'l channe rotection ar protection <b>vices:</b> unect nnect			Cinema Starz Showti	bx me	18.0 15.0 14.0 15.0	
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Comn • Pay c • Pay c • Fire p • Burgla <b>Other se</b> • Recor • Disco • Outlet	able able-add'l channe rotection ar protection <b>vices:</b> inect			Cinema Starz Showti	bx me	18.0 15.0 14.0 15.0	

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Pembroke Advanced			62373
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations</b> : basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.03 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (i a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	t (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati earried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSAV/NBC	3	N	Savannah, GA
	WVAN/PBS	9	E	Savannah-Pembroke, GA
Add Rows as Necessary	WTOC/CBS	11	N	Savannah, GA
	WJCL/ABC	22	N	Savannah, GA
	WTGS/FOX	28	Ν	Savannah, GA

chibioke A	dvanced C	ommu	nications, Inc.				Ţ	623
	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 for Column 1: Io 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 Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved 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 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	
		5,0				5,0		

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Pembroke Advanced	Communi	cations, Inc	•				62373
	SUBSTITUTE CARRIAG							
		-	-			tion that you	r aabla aya	tom corriad 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 syster	n carry, on a substitute ba	isis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogram zog	-		reat of this na	an blank. If your analysis	- "Vee " veu		-	
	Note: If your answer is "No	, leave the	e rest or this pa	ige blank. If your answer i	s res, your	must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	a is
	clear. If you need more spa					,		5
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						-	
				er "Yes." Otherwise enter asting the substitute prog				
				the community to which th		censed by th	e FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).		
			when your sy	stem carried the substitute	e program. U	se numerals,	, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m List the tir	mes accur	atelv
	to the nearest five minutes.							atoly
	stated as "6:00–6:30 p.m."	"D" :( 1)	P 1 1		· · · · ·			·
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							Jyrani
	effect on October 19, 1976					U U		
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
						_		
						_		
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1						+		

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Pembroke Advanced Communications, Inc.		62373
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transit (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	0,564.00
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period		
	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		
	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	10,564.00	
	5. Enter the amount from line 3	53,236.00	
	6. Subtract line 5 from line 4	57,328.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	786.64
	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	\$	786.64
	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		
	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)	786.64	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	806.64
	EFT Trace # or TRANSACTION ID # 26PPCPBH		
	<b>Important:</b> 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 more than the transmission of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the transmission of transmission of the transmission of transmission o		

CHANNELS M Instructions: You must	Communications, Inc. give (1) the number of channels on which the cable system carried television broadcast stations ) the cable system's total number of activated channels during the accounting period.	SYSTEM ID# 62373
M Instructions: You must	) the cable system's total number of activated channels during the accounting period.	
Channels 1. Enter the total numbe system carried television 2. Enter the total numbe on which the cable system	on broadcast stations	
N INDIVIDUAL TO BE CC we can contact about the Be Contacted for Further Name	NTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom s statement of account.)	
Address	r, street, rural route, apartment, or suite number) wn, state, zip) Fax (optional)	
O Certification • I, the undersigned, here (Owner other (Agent of own in line 1 of X (Officer or pa in line 1 of • I have examined the sta	iement of account and hereby declare under penalty of law that all statements of fact contained herein prrect to the best of my knowledge, information, and belief, and are made in good faith.	
	Image: A constraint of the state	

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unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
broke Advanced Communications, Inc.	623
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 fol- lowing 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 sub- scribers 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.	P Special Statemer Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
<b>INTEREST ASSESSMENT</b> 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	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -       -         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       \$       -	-
x	-
x	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -	-
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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