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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:						
	ary Transmissions by	DATE RECEIVED	AMOUNT	-					
	ems (Short Form)	BATERLEGENED		<u>coplicsoa@loc.gov</u>					
	ictions are located	2/24/21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:					
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150					
				-					
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))						
		T							
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)								
Accounting Period									
Feriou									
	Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a sub	sidiary of another corporation, give the full o	corporate					
B	title of the subsidiary, not that of the part	•	,, <u>-</u> , <u>-</u>						
Owner	List any other name or names under which	h the owner conducts the business of	the cable system.						
	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								
	If there were different owners during the single statement of account and royalty f			d submit a					
		- If and another the surface /s ID surface	n and ha the Linearies Division	63726					
	Check here if this is the system's first filin	g. If not, enter the system's 1D numbe	r assigned by the Licensing Division.						
			a						
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE STSTEN	n						
	Zito Midwest LLC								
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)						
	Zito Media								
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	PO Box 665								
	(Number, street, rural route, apartment, or suite number) Coudersport, PA 16915								
	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any busin								
C	names already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ss given in space B					
System	IDENTIFICATION OF CABLE SYSTEM:								
	Zito Media - Bolingbroke G								
	MAILING ADDRESS OF CABLE SYSTEM	:							
	2 (Number, street, rural route, apartment, or suite n	umber)							
	(City, town, state, zip code)								
Privacy Act Notic	e: Section 111 of title 17 of the United States Code au	thorizes the Convright Offce to collect th	e personally identifying information (PII) reque	sted on this					

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						
Name	Zito Midwest LLC	63						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Bolingbroke	GA						
Community	Monroe County	GA						
dd Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAG		
Name	Zito Midwest LLC							010	6372		
					•						
E	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										
Secondary	about other services (including p					ate must be	those exis	ting on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					ers to the ca	hle system	hroken			
scribers and	down by categories of secondar	•					-				
Rates	each category by counting the n		<i>,</i>	0 , (0	s charged			
	separately for the particular serv					•	,	we and the			
	Rate: Give the standard rate of unit in which it is generally billed	-						-			
	category, but do not include disc				landaru						
	Block 1: In the left-hand block	in space E, th	e form lists	the categories of							
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			0							
	subscriber who pays extra for ca										
	first set" and would be counted of										
	Block 2: If your cable system	-		•							
	printed in block 1 (for example, t with the number of subscribers a										
	sufficient.	and rates, in th	e ngin-nano	DIOCK. A 1WO- OI				Selvice IS			
	BLO	DCK 1					BLOC	< 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEG	ORY OF SE	NO. OF OF SERVICE SUBSCRIBERS				
	Residential:								RA		
	Service to first set		67	29.00							
	 Service to additional set(s) 								••••••		
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIO	NS: RATES							
F	In General: Space F calls for ra										
Г	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 rate column.										
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rales	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 2				
	CATEGORY OF SERVICE	RATE		Y OF SERVICE		RATE	CATEG	ORY OF SERVICE	RA		
	Continuing Services:		Installatio	n: Non-residenti	tial						
	• Pay cable	17.95	• Motel, ł	notel							
	 Pay cable—add'l channel 		• Comme	ercial							
	Fire protection		• Pay cal	ble							
	 Burglar protection 			ole-add'l channel	el						
	Installation: Residential		Fire pro								
	First set	30.00	-	protection					ļ		
	 Additional set(s) 		Other serv								
	.,					30.00					
	• FM radio (if separate rate)		• Reconr			00.00					
	.,		• Disconi	nect							
	• FM radio (if separate rate)		• Disconi • Outlet r			30.00 30.00					

counting Period: 2	2020/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
	Zito Midwest LLC			63726				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. t With respect to any distant stations c	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections tions carried on a				
	basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on	les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program	Log)—if the				
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the		, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo	ions. PN, etc. Identify each ort multistream				
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial 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							
		-						
	WMGT	41.1	N	Macon, GA				
	WGXA	24.2	N	Macon, GA				
Rows as Necessary	WGXA	24.1	N	Macon, GA				
	WMAZ	13.1	N	Macon, GA				
	WMAZ	13.2	 	Macon, GA				
	WMAZ	13.3		Macon, GA				
	WATM	23.3		Johnstown, PA				
	WMUM	29.1	E	Macon, GA				
	WPGA	58	I	Macon, GA				
	WGNM	45.1	<u>l</u>	Macon, GA				

EGAL NAME OF								SYSTEM 637
	every radio s	station ca	rried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei it the Cc sign of e he static ion's sign g a chech n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on 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	It the system's he system's FM ante this point, see pay sed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ir parate a	be expected, ated intervals. Instructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0	LOOMING OF STATION	UNEL UIGH		5,0	LOOKHON OF STATION	

Accounting Perio	od: 2020/2						FORM	I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Zito Midwest LLC							63726		
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	tify every no	nnetwork televi	sion program, broadcast by	a distant sta	tion, that you	ir cable syst	em carried on a		
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage: Special	1. SPECIAL STATEMEN	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	 During the accounting pe 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision prog	am		
Program Log	broadcast by a distant sta	ition?					YES	× NO		
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comple	te the prog	ram		
	log in block 2.									
	2. LOG OF SUBSTITUT			ata lina. Llas abbraviation		aaibla iftb	air macanin a	, ia		
	In General: List each subs clear. If you need more spa				s wherever po	ossidie, ii th	eir meaning	, is		
				vision program ("substitute	e program") tl	nat, during t	he account	ng		
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming	of another s	station		
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs.		JVIES OF DASK	etball. List specific progra	ani ulles, ioi e	xampie, i L	Love Lucy	UI		
	Column 2: If the program	m was broa		er "Yes." Otherwise enter '						
		0		asting the substitute progr			500			
	the case of Mexican or Cal			the community to which the community with which the			he FCC or,	IN		
				stem carried the substitute			, with the m	nonth		
	first. Example: for May 7 gi									
	Column 6: State the tim to the nearest five minutes			ogram was carried by you				ately		
	stated as "6:00–6:30 p.m."	. Example.	a program can	led by a system norm 0.01	1. 15 p.m. to o	.20.30 p.m.	should be			
		ter "R" if the	e listed prograr	n was substituted for prog	ramming that	your syster	n was <i>requ</i>	ired		
	to delete under FCC rules							ogram		
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ier FCC rules	and regula	lions in			
		-			_					
						N SUBSTIT		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCL 6. TI		DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то			
						-	-			
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Accounting Period:	2020/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Midwest LLC	S	YSTEM ID# 63726
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	9,787.30 pss 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	this six-mon	
	accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	\$	52.00
	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		
	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		hts!

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Zito Midwest L	DWNER OF CABLE SYSTEM: LLC				SYSTEM ID# 63726
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number o s, and (2) the cable system's to I number of channels on which television broadcast stations I number of activated channels able system carried television cast services	total numb h the cable Is i broadcas	er of activated channels du		15 <mark>10</mark>
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour		RMATION IS NEEDED (Id	entify an individual to whom	
for Further Information	Name	Teri McMullen			Telepho	ne 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartr Coudersport PA 169 (City, town, state, zip)		e number)		
	Email	teri.mcmullen@	zitomedi	a.com	Fax (optional)	
O Certification	I, the undersigned (Owned) (Agening) (Agening) (Afficient) (Afficient) (Afficient) (Agening)	ed, hereby certify that (Check of er other than corporation or p t of owner other than corpora- line 1 of space B and that the o er or partner) I am an officer (line 1 of space B. d the statement of account and le, and correct to the best of my on 1001(1986)]	one, <i>but on</i> partnershi ration or p owner is no (if a corpor d hereby de y knowledg	ly one, of the boxes.) p) I am the owner of the call artnership) I am the duly au ot a corporation or partnersh ation) or a partner (if a partner sclare under penalty of law t pe, information, and belief, a /s/James Rigas electronic signature on the lin nature using an "/s/ signature James Rigas	nership) of the legal entity identified as hat all statements of fact contained he nd are made in good faith.	ace B; or ble system as identified s owner of the cable system
		Title: (Title of o	Presic official position	lent n held in corporation or partners	nip)	
		Date:			02/26/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
o Midwest LLC	6372
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.	P Special Statement Concerning Gross Receipts Exclusion
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. \$	
Name 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	
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 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.	
** 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.	
Owner Address	
ID number First community served Accounting period	

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